

REPORT

OF THE

BOARD OF ADMINISTRATORS

OF THE

Charity Hospital,

TO THE

GENERAL ASSEMBLY OF LOUISIANA.

1876

SESSION OF 1877.

NEW ORLEANS.

GERMAN GAZETTE JOB PRINTING OFFICE, 108 CAMP STREET.

1877.



CHARITY HOSPITAL.

THE
CHARITY HOSPITAL
—OF—
LOUISIANA

Was founded in the Year 1786,

—BY—

DON ANDRES ALMONASTER Y ROXAS,

To whose generous endowment, the munificence of the Legislature of
this State, and the liberality of the

STATE OF PENNSYLVANIA,

The community is indebted for the means of erecting this edifice, built in the year

MDCCCXXXII.

His Excellency A. B. Roman being Governor and Ex-Oficio President
of the Institution.

To record which and inscribe hereon the names and contributions of its distinguished benefactors,

THIS TABLET HAS BEEN ERECTED.

Etienne Boré,	-	-	\$1,000
Robert Cune,	-	-	1,000
Julien Poydras,			
Real Estate Estimated,			\$35,000
Stephen Henderson,			
Cotton Presses Estim'd,			\$45,000
Nancy Davenport,	-	-	500

Board of Administrators.

—:o:—

HIS EXCELLENCY, GOV. WM. P. KELLOGG, *ex-officio*, PRESIDENT.

HON. H. BONZANO, VICE-PRESIDENT.

DR. P. C. BOYER,*

DR. C. B. WHITE,

HON. T. C. ANDERSON,

D. C. McCAN,

PAUL BONSEIGNEUR,

G. CASANAVE.

Finance Committee.

—:o:—

HON. H. BONZANO,

G. CASANAVE.

List of Officers.

—:o:—

J. D. LICHTENBERGER, - SECRETARY AND TREASURER.

DR. A. W. SMYTH, - HOUSE SURGEON.

DR. G. W. LEWIS, - ASSISTANT SURGEON.

J. JOHNSON, - APOTHECARY.

A. JOHNSON, - CLERK.

JOHN PONDER, - ENGINEER.

—:o:—

HON. ALFRED SHAW,

ATTORNEY.

* Resigned, November, 1876.

Visiting Surgeons.

—:0:—

T. G. RICHARDSON, M. D.
SAMUEL LOGAN, M. D.
C. BEARD, M. D.
V. GRIMA, M. D.
EDMOND SOUCHON, M. D.
Y. R. LE MONNIER, M. D.
JOHN J. CASTELLANOS, M. D.

SAMUEL CHOPPIN, M. D.
M. SCHUPPERT, M. D.
WARREN STONE, M. D.
GUSTAVUS DEVRON, M. D.
HENRY SMITH, M. D.
J. T. NEWMAN, M. D.
EDWIN HARRISON, M. D.

Visiting Physicians.

—:0:—

D. WARREN BRICKELL, M. D.
J. DICKSON BRUNS, M. D.
S. M. BEMISS, M. D.
THOMAS J. HEARD, M. D.
WM. E. BRICKELL, M. D.
JAMES JONES, M. D.^{*}
ALEXANDER HART, M. D.
W. R. MANDEVILLE, M. D.
A. B. MILES, M. D.
H. A. VEAZIE, M. D.
F. DE ROALDES, M. D.
W. H. WATKINS, M. D.
R. A. BAYLEY, M. D.
E. L. McGEHEE, M. D.

STANFORD E. CHAILLÉ, M. D.
JOSEPH JONES, M. D.
ERNEST S. LEWIS, M. D.
S. O. SCRUGGS, M. D.
FRANK HAWTHORN, M. D.^{*}
GEO. K. PRATT, M. D.
JOSEPH HOLT, M. D.
J. T. GIVEN, M. D.
C. H. TEBAULT, M. D.
MONTGOMERY BROWN, M. D.
O. B. GRUBE, M. D.
W. H. CARSON, M. D.
HENRY BEZOU, M. D.
LOUIS A. BURGESS, M. D.

Resident Students.

—:0:—

EUG. J. MIOTON.
AGRIPPA GAYDEN.
LATZI SZABARY.
DAVID JAMISON, JR.
JOHN P. HEATH.
THOS. J. WOOLF.
JOHN H. MAGRUDER.

JOHN L. POSEY.
GEO. P. MINVILLE.
HENRY L. METCALFE.
C. SIDNEY MERCIER.
JAS. P. ELMORE.
MAXIMILIAN F. GROSART.
HENRY STEINAU.

^{*)} DEAD.

REPORT

OF THE BOARD OF

Administrators of the Charity Hospital,

FOR THE YEAR 1876.

New Orleans, January 1st, 1877.

To the General Assembly of the State of Louisiana.

GENTLEMEN :

The Board of Administrators of the CHARITY HOSPITAL have the honor to present herewith their annual report.

THE YEAR'S LABOR.

On the first of January 1876, the number of sick persons remaining under treatment was.....	525
Patients admitted during the year,.....	5,690
Total number under treatment during the year.....	6,215
Convalescents discharged.....	4,780
Died.....	742
	5,522

Under treatment Jan. 1st, 1877,..... 693

Upon examination of the tables in the appendix it will be seen that there has been in our care a steady average of between five and six hundred patients throughout the year, and that in the month of December the average reached as high as 723.

To appreciate the expense of providing for so large a number of sick and destitute persons, it is necessary to remember that a large retinue of persons in health, comprising the officers of the institution, House-Surgeon, Assistant House-Surgeon, clerks, resident students, Sisters of Charity, engineer, carpenter, and a number of other employés, such as watchmen, hall-men, cooks, mess-men, strikers, and the like, are required, and are in constant attendance, and must necessarily be also included in computing it.

It is therefore proper to proceed at once to the consideration of matters of

REPORT OF THE BOARD OF ADMINISTRATORS

FINANCE.

Upon your Honorable Body depends how far it shall be practicable to alleviate the misfortunes of the sick poor who find their way to Louisiana,—how far the State shall attend to the distresses of the strangers who flock to our country's shores, as well as to those of its own children, from every State and Territory,—how far the Hospital shall be enabled to respond to the noble sentiment of charity, with which the great heart of Louisiana ever pulsates.

The management for the past year has been most prudent, economical, and provident, as the expense account, fol. 14, will show.

It is a mistake to suppose that sick people do not eat. To prove this to be an error, we will here simply give a synopsis of last month's bills for marketing, drugs, and provisions:—

Bread	\$1,138 95
Meat	1,301 80
Groceries and Provisions	1,158 60
Vegetables, Milk, &c.	542 19
Drugs	521 46
	<hr/>
	\$4,663 01

To these regular expenses for articles of consumption should be added other unavoidable expenses, such as salaries of officers and employés, the Sisters' clothing, household and furnishing goods, repairs and extra labor, fuel, insurances, interments, and, last not least, the enormous sacrifices which the Hospital has been annually compelled to make, in the shape of discounts on the warrants issued for its support.

This last evil you have in a great measure remedied, by assigning special funds from which appropriations for this institution must be paid; and it is earnestly hoped, that you will continue to provide in the same prudent manner for all future wants.

It must also be stated that all the hospital buildings are sadly out of repair, and have been so for the last six or seven years.—Postponement of these repairs has been an enforced necessity, but the time has arrived when something must be done to keep brick and mortar together, and make the buildings safe and tenable. Much of the light work, painting, patching, etc., is done on an economical scale by the employés and convalescent patients of the Hospital; but the general and thorough overhauling and repairing, now demanded by necessity, must be put in charge of proficient and experienced professional builders and it will require considerable outlay of money to put all the buildings, machinery, pipes and everything else in and about the establishment in first class order.

We have the gratification of being able to state that we have provided for sick and well, on an average of Six hundred and fifty people per day, throughout the year. Calculated at a cost of Sixty cents per day which is the allowance the City government makes for the *board only* of prisoners in the jail-house, or calaboose, the expense sums up—
650 inmates, a 60 cents per day for 365 days..... \$142,350 00
while our expenses all told, including \$19,463 62, salaries of officers..... 81,021 26
and *back dues* of employés (p. 14) amount to only..... \$51,328 74

leaving even by this low standard a margin of..... in favor of the management of the Hospital.

OF THE CHARITY HOSPITAL.

Thus it will be seen that in a financial point of view, as far as lay within the power and control of the administration, everything has been done to make the burden upon the State as light as possible.

It is a further source of gratification to the Administrators to be enabled to announce that the floating debt of the Hospital, which, without interest, amounted, at the date of our last Annual Report, to..... \$118,966 73 has been reduced to..... 72,708 70

showing a cancellation of debts amounting to..... \$46,258 03

This reduction has been effected principally by payments in warrants, at prices much above what the creditors will ever be able to realize for them. Hence these settlements have given anything but satisfaction to those who accepted them, while other creditors refuse *in toto* to accept anything short of the full amount due them in cash.

To keep up the credit and the reputation of the establishment, whether it be in times of peace or war, in times of plenty or distress, the debt for supplies to minister to the absolute needs of the sick and destitute, ought to be held sacred. Especially ought this to be the case where the record is clear that nothing is squandered or misappropriated; and that this is conclusively shown by the accounts of the institution here and heretofore presented to your Honorable Body cannot be denied.

The embarrassments and the accumulation of debts with which the institution has to contend have arisen from the fact of having had to pay during the past five years over a quarter of a million dollars to the usurers to whom we were forced to apply for money in exchange for the warrants issued for the support of the Hospital, it having been impossible to us for years past to collect anything but trifling sums of money for them from the treasury direct.

On this topic of just complaint the Board have often taken pains to be understood by your honorable body, and it is deemed advisable here to reproduce from last year's report the paragraphs relative thereto.

FLOATING DEBT.

Our floating debt, according to the Treasurer's Statement, pages twenty and twenty-one, is \$118,966.73. The discounts, or losses on the face value of the warrants, during the last five years, amount to the astounding sum of \$247,382.67. This, we trust, will explain, more than any argument we can employ, the reasons why we have so persistently appealed to you to designate specifically the sources of revenue from which the appropriations for this institution shall be paid.

Our creditors are a deserving class of people, who, as the Sisters of the Hospital,—the receivers, custodians and dispensers of all supplies,—will testify, have honestly delivered the supplies for which they claim payment. It is not just to treat them with indifference. They knew we had not a cent in the treasury. We appealed to their sympathies by showing them the distress and misery that would befall the poor inmates if they deserted us, and we inspired them with confidence by pointing to the past in proof of the tenderness and paternal care your Honorable Body had always shewn for this time-honored Institution.

It has been maintained on the part of some cold and heartless individuals, that the Administrators in creating debts had exceeded their authority, and that the creditors would have to suffer. An argument of this kind might be made, when it comes to scrutinize bills for mileage, stationery and such like expenses, which can be fixed and limited to an exact amount. But the expenses of this Hospital—the almshouse of every poor creature 'within b'ail'—can only be confined to actual wants. These wants may be more, they may be less than

REPORT OF THE BOARD OF ADMINISTRATORS

the legislature ordains, they are certainly never exactly what the appropriation calls for. ⁰⁰
this topic our Attorney thus gave his views last year:

"Were such even not the case," (referring to the act of legalization of the debt by the legislature), "it is doubtful whether the inhibition of the law would apply to the bills or unpaid debts of the Hospital for 1873. The debts were not a mere matter of volition of the Administrators. They were incurred for bread, meat, ice, medicines, &c., of absolute necessity, and the quantity of which cannot be determined by the Administrators except on its proving sufficient. The State has agreed with the original donors to support and maintain the Hospital, and minister to the sick and destitute as their cases may require. None of the necessary articles required for this purpose can be withheld. Enough is enough. So long as neither extravagance nor corruption is shown on the part of the Administrators, the support of the Hospital is a vested right, and the debt necessarily incurred is a debt in spite of curtailments and inhibitions, even if not subsequently appropriated for, as it was in this case.

"It is no increasing of the State debt in the sense that would make it illegal by the constitutional amendment of 1870. It is, in fact a necessary general expense of the State for the year in which it is found necessary or due.

"There was no excess of appropriations over outstanding revenues. Many of the outstanding taxes have so far not been realized, but appropriations based upon them are not the less legal. The public creditors cannot suffer if by the act of God or neglect of man, the duly levied and imposed taxes are not realized or fail of collection."

As far as economy, frugality, and honest and conscientious application of the funds is concerned, no institution can show a better record. The fact of the matter is that the economy in the Hospital has been so reduced to a science, that it may be questioned if the Administration could claim further credit for their management in this respect.

The creditors, we repeat, are entitled to their money if honest men ever were. It is in your power to do justice. We can only make the appeal.

The appropriation of \$89,534.19, which your Honorable Body made in the session of 1874 to pay the back debts, failed in consequence of the interference of the Attorney General. The same appropriation passed your Honorable Body last year in the shape of an act legalizing the debt. The Governor's veto, however intervened, and the act may now be regarded a dead letter. So much to show your good intentions, and the bad position of our creditors.

Hon. Alfred Shaw, Attorney of this Board, and personally well and favorably known to many members of your Honorable Body, has been requested to confer with the Committees on Charitable Institutions for the purpose of exchanging views, and obtaining the groundwork for an act covering the necessities of the Hospital in these various important particulars.

We trust you will find it within your power to appropriate fifty thousand dollars at least towards the reduction of the Floating Debt.

For the current wants which we estimate in round numbers at one hundred thousand dollars, you can, if we are to speak in the interest of the Hospital, do no better than to assign permanently by law the revenues from the

Louisiana State Lottery,
License upon Auction Sales,
Half the Slaughterhouse inspection fees, and
Half the Poll tax.

These revenues the year before last yielded together..... \$58,500 00
and last year..... 57,375 00

Basing computations for the future upon these receipts, it will require a sum equal to about forty thousand dollars from the general fund or some other special source to make up the estimated wants of one hundred thousand dollars.

We are now entering upon a new year, and although the Louisiana State Lottery Company has already paid into the State treasury the first installment of \$10,000—for the first quarter of 1877—the Auditor refuses to warrant for it, unless authorized to do so by a new act of the legislature.

Last year, although you had appropriated the whole revenue from this source, \$40,000, we were unable to collect more than \$30,000, and the same

OF THE CHARITY HOSPITAL.

thing happened the year before. Advantage was taken in both cases of the fact, that legislation in our favor was had only *after* the first ten thousand had been paid in.

The money was claimed for the benefit of the school-fund, and thus lost to the Hospital, two years consecutively. In this connection you are respectfully referred to an act drafted by the Attorney of the Board, and which we recommend to your adoption as calculated to remedy the evil.

It seems to be entirely overlooked by some members of the legislature that since the close of the war and the discontinuance of the freedmen's bureau, all indigent colored patients are transferred to this institution, and that in consequence of these additional cares, the wants of the Hospital have also increased, and should be cheerfully responded to, even by those who are tenacious advocates of public schools and universal education.

It is also necessary to remind you that this is an alms-house or poor-house, as well as the CHARITY HOSPITAL, for stragglers from all parts of the Union, and from every country abroad.

Many of these unfortunates come entirely destitute, and often confess that they have been sent away and shipped to New Orleans at the expense of the public treasury of some interior town or county.

The burden of support in all these cases falls exclusively on the people of Louisiana; for, with the solitary exception of the State of Pennsylvania, no State in the Union has made any contribution to the Hospital, nor have any of the distinguished millionaires, whose earthly career came to a close during last year, remembered this charitable institution. The receipts, from sources outside of the regular appropriations, such as rent, gate-fees, ball licenses, etc., are all of a very limited character, and go no further than to help to replenish the wear and tear in bed-linen, kitchen-ware, and other articles in constant use. We must therefore look to you to provide for nearly all the wants of the Hospital, from the public treasury.

A theatrical performance was given in this city some time last year, as was announced, for the benefit of the Charity Hospital. It is reported to have netted some several hundred dollars, but these proceeds have never reached the treasury of the Hospital.

MANAGEMENT.

The Board of Administrators take pleasure in recording their full satisfaction with all who have been engaged in the performance of various functions as officers of the institution. Doctor Andrew W. Smyth, the House Surgeon, to whose abilities and zeal it is a privilege to bear testimony, Dr. G. W. Lewis, his able and efficient assistant, and the Sisters of Charity, whose deeds in unobtrusive silence command mingled admiration and gratitude at all hands, the Treasurer, Clerks, all, have, as heretofore, discharged the chief executive duties so as to leave nothing to be desired of them. To their combined efforts, wisdom, vigilance, and care, is due in chief measure the remarkable success which the Board are enabled to report to your Honorable Body, in their aims at economy and efficiency,—that so many suffering sick have been faithfully succored, at so moderate an expense. It also affords pleasure to the Board to be able to report that the body of resident students attached to the institution have distinguished themselves by that orderly,

REPORT OF THE BOARD OF ADMINISTRATORS

and gentlemanly conduct, which, while it is no more than is to be expected of them, is nevertheless deserving of a note of recognition. Most of them promise to become worthy members of the medical profession, under the advantages which have been afforded them; but the circumstances, under the present surround endeavours to secure those advantages, and some other considerations have led the Board to the conclusion that a competitive examination of all aspirants is the only just and satisfactory method by which applications for admission as resident students can be decided upon. The influence always brought to bear upon individual Administrators to secure admission, will at times prove too strong to secure the election of the best candidates; while, in reality such influence should extend no further and serve no other purpose than as endorsement of the personal good character and respectability of the young applicant. With respect to the rest of the *personnel* engaged in various duties in the institution, excellent discipline, attention, and zealousness, have so characterized them as to have earned high encomiums from all visitors, including the Grand Jury, on their last inspection.

Thanks are due to the Visiting-Surgeons and Physicians for the faithfulness with which they have attended to the wards committed to their charge. Their names appear in full near the title page of this report, and follow the list of officers of the institution. Since the last Annual Report, and follow the have had to lament the loss of two of the Physicians, who were at that time giving their gratuitous services to the institution,—Dr. Frank Hawthorn and Dr. James Jones. Both gentlemen were of well-known ability and character,—both yet young and full of promise,—Dr. Jones being, as is generally known, son of Dr. James Jones who had practised in this city, and ranked among the highest in the profession for some forty years, and who had preceded his son to the tomb but a few months previously. The Board respectfully render their brief tribute of condolence to the families and friends of the departed gentlemen.

IN THE APPENDIX.

attached to this Report are included:—

1st.—Tables prepared by the Treasurer, showing with plainness and accuracy the account current of receipts and expenditures; details of monthly expenses, with the items of expenditure specifically stated; and a number of other statistical facts of more or less interest or importance:—

2nd.—A Report from the Attorney of the Board:—

3rd.—An historical sketch of the Charity Hospital, from the pen of Doctor Burns, of this city, a gentleman of acknowledged literary merit, which is added, to make the report interesting and instructive as to the origin and past history of the Hospital, as well as to present progress and events, in a form appropriate for permanent reference:—

4th.—An elaborate Report written by the House Surgeon, Doctor Andrew W. Smyth, on the “Collateral Circulation in Aneurism,” which will prove particularly interesting to the medical profession, and eminently deserves to be placed on the permanent rolls of the records of the institution:—

5th.—Tables prepared by the Clerk giving the names and nativities of the patients who died, and likewise a diagnosis of all maladies treated, together with an account of the result of the treatment, and other statistical and comparative tables interesting and valuable for reference.

OF THE CHARITY HOSPITAL.

CONCLUSION.

The object of the Board of Administrators in presenting this Report has been to lay before your honorable body, so full and comprehensive an account of the institution committed to their charge, as shall enable you to judge intelligently and impartially of the manner in which they have administered its affairs, of its past and present status, of its claims upon your consideration, and of its actual needs. All facts bearing in any way upon these questions will be found stated in the simplest, and plainest, manner. It is hoped and believed that this is the only legitimate way in which the Board ought to endeavor to influence your Honorable Body to bestow upon the institution the fostering care and considerate support it really needs and merits. The state of its affairs has been represented to you precisely as it is, without exaggeration on the one hand, or extenuation on the other. And in conclusion the Board would only suggest, most respectfully, that if it is your desire that the scope of the usefulness of the institution shall not be curtailed, if you determine that it shall continue to hold the character it has hitherto held, —that, to wit, of the universal refuge and support of the destitute, sick, convalescent and maimed, from every part, not only of this whole vast country, —but of the world,—almost as much an alms-house as a hospital, for them, too, —it must have corresponding financial aid from the treasury of the State.

The burden on the people of this State for the support of this most admirable and deserving institution might well, it seems to the Board, be lightened by generous contributions from other States in prosperous circumstances, after the early example set by Pennsylvania; and assuredly donations or bequests by wealthy individuals of any part of the country could most worthily be bestowed upon it. The Board, however, can here do no more towards the attainment of that end, than to make the suggestion for the consideration of the philanthropic, with the prayer that it may not prove altogether vain.

And their Report is respectfully submitted:

On behalf of the Board of Administrators,

H. BONZANO,

Vice President.

Treasurer's Report.

Charity Hospital,

NEW ORLEANS, January 1st, 1877.

To the Board of Administrators of the Charity Hospital:

I herewith present to your Honorable Body a full and complete statement of the cash receipts and expenditures of the Charity Hospital for the year 1876, together with tables of information and interest.

Very Respectfully,

J. D. LICHTENBERGER,

Secretary and Treasurer

TREASURER IN ACCOUNT WITH THE CHARITY HOSPITAL FOR THE YEAR 1876.

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REPORT OF THE BOARD OF ADMINISTRATORS

Dr.			Cr.	
To balance on hand January 1st, 1876.....		\$11,520 28	By groceries.....	\$ 9,848 26
To cash from bills receivable.....	\$ 4,175 00		By meat.....	16,949 50
To cash from licenses.....	1,923 65		By drugs.....	4,519 59
To cash from gate fees.....	1,283 20		By milk.....	3,728 40
To cash from pay patients.....	1,578 00		By bread.....	9,993 17
To cash from deceased patients.....	174 90		By fuel.....	2,429 16
To cash from sales of sundries.....	252 87		By lumber.....	819 19
To cash from discount.....	66 69		By meal and grits.....	628 60
To cash from diplomas.....	10 00		By interments.....	245 00
To cash from interest.....	194 88		By ice.....	586 50
To cash from A. A. Adams, amount freight refunded.....	10 00		By repairs.....	903 42
To cash from J. W. Dowling, refunded.....	1 00		By soap.....	280 80
To cash from State Warrants 1875, \$ 4,710 84			By horse and wagon expenses.....	466 77
To cash from Hospital Fund 1875, 57,375 40	\$62,086 24	71,756 43	By insurance.....	588 15
			By Attorneys' fees.....	600 00
			By Medical and Surgical supplies.....	659 41
			By stationery, printing and blank books..	842 30
			By bills payable.....	110 95
			By interest.....	24 00
			By potatoes.....	595 11
			By hardware.....	666 73
			By dry goods.....	1,276 39
			By house furnishing.....	669 62
			By marketing.....	1,598 08
			By Sisters of Charity, (clothing).....	1,970 00
			By salaries of employes and officers, includ- ing back dues of employes.....	19,468 62
			By Sister Superior's petty expenses.....	427 92
			By Sister Superior, balance on hand.....	13 21
			By Treasurers petty expenses.....	112 41
			By gen'l creditors' fund on hand.....	
			By balance on hand January 1st, 1877.....	2,255 45
				00
				\$83,276 71

Report of the Cash Receipts of the Charity Hospital for the Year 1876.

FROM WHAT SOURCE DERIVED.	JANUARY.	FEBRUARY.	MARCH.	APRIL.	MAY.	JUNE.	JULY.	AUGUST.	SEPTEMBER.	OCTOBER.	NOVEMBER.	DECEMBER.	TOTAL.
Bills Receivable.....	\$ 375 00	66	\$50 00			\$ 850 00	\$ 375 00		\$ 850 00			\$ 875 00	\$ 4,175 00
Licenses.....	320 00	485 00	352 50	99 15	70 00	42 50	5 00	17 50		12 00	147 50	375 50	1,923 65
Gate Fees.....	129 60	108 00	84 45	105 45	86 40	120 65	116 45	115 90	106 15	112 95	104 45	92 75	1,283 20
Pay Patients.....	51 00	121 00	271 00	214 00	123 00	133 00	58 00	112 00	115 00	209 00	87 00	84 00	1,578 00
Deceased Patients.....	8 00	2 00	19 00	21 30	1 50	7 40		33 35	11 00	18 25	1 80	51 30	174 90
Sales of Sundries.....	2 00	51 43	1 80	5 60	8 50	2 05	1 35	3 00	8 25	3 25	3 75	161 89	252 87
State Warrants.....	4,200 00	10,000 00	11,154 03			4,024 00	15,167 04		1,750 00	10,000 00	4,000 00	1,791 15	62,086 24
Discount.....	26 20	7 93	9 68	4 74	1 60			2 64	3 57	4 27	6 06		66 69
Diplomas.....		10 00											10 00
Interest.....			97 44				10 00						97 44
A.A. Adams, freight refund.....													194 88
J. M. Dowling, cash refund.....								1 00					10 00
													1 00
Total.....	\$ 685 60	\$ 4,993 63	\$ 11,506 68	\$ 11,706 67	\$ 294 14	\$ 15,181 20	\$ 15,732 84	\$ 285 39	\$ 2,843 97	\$ 10,359 72	\$ 4,350 56	\$ 3,526 03	\$ 71,756 43

J. D. LICHTENBERGER, TREASURER.

Schedule A,

Showing Amount of Personal Indebtedness of the Institution
on January 1st, 1877, and to whom due.

TO WHOM DUE.	CERTIFICATES OF INDEBTNESS.	OPEN ACCOUNTS.	TOTAL.
Jean Bur.	374 00		
Jean Bur.	387 00	4,481 77	\$5,242 77
Cahill & Coffey	77 30	1,292 52	1,369 82
Roberts & Co.	251 69		
Roberts & Co.	350 38		
Roberts & Co.	871 96	1,068 60	2,542 63
Louis Ruch.	1,013 36		
Louis Ruch.	1,524 10		
Louis Ruch.	1,780 20		
Louis Ruch.	1,908 17		
Louis Ruch.	1,927 66		
Louis Ruch.	1,686 90	13,268 30	23,108 69
Louis Ruch.	778 66		
Wheelock, Finlay & Co.	1,322 48		
Wheelock, Finlay & Co.	1,688 36		
Wheelock, Finlay & Co.	816 18		
Wheelock, Finlay & Co.	969 82	3,506 64	9,082 14
J. H. Keller.	454 80		
J. H. Keller.	403 20		
J. H. Keller.	429 20		
J. H. Keller.	198 00	243 00	1,728 20
G. Farmer.	128 50		
G. Farmer.	240 08		
Howard & Carroll.	325 50		
O. M. Redon.	1,134 31		
O. M. Redon.	1,490 90		
O. M. Redon.	1,446 70		
O. M. Redon.	500 00		
O. M. Redon.	335 51		
W. H. Henning.	698 65		
W. J. J. Armstrong.	950 02		
P. & R. DeVerges.	160 00		
A. H. White.	1,924 48		
M. P. Dunn.	108 00		
Joseph Wilson.	87 80		
Smith & McKenna.	6,107 61		
E. Martin.	2,785 94		
Chas. Gitzinger.	309 12		
Kendig & Co.	3,901 00		
X. Gauche.	150 20		
Wallace & Co.	462 82		
McWilliams, Marion & Co.	680 99		
Simon, Loeb & Joseph.	128 75		
Joseph Schwartz.	87 75		
Republican Job Office.	20 00		
Salaries of Officers.	5,059 82		5,059 82
Sisters Charity, (clothing).	410 00		410 00
Totals.	\$28,743 87	\$43,964 83	\$72,708 70

December current bills (1876) unprovided for. \$6,403 70

REPORT OF EXPENSES CHARITY HOSPITAL FOR THE YEAR 1876. *

SUNDRIES.	JANUARY.	FEBRUARY.	MARCH.	APRIL.	MAY.	JUNE.	JULY.	AUGUST.	SEPTEMBER.	OCTOBER.	NOVEMBER.	DECEMBER.	TOTAL.
Groceries	882 82	755 01	939 74	916 33	443 94	623 04	761 07	812 70	895 67	831 34	937 61	1,621 21	9,821 08
Meat	1,007 70	1,064 75	870 77	908 17	983 00	929 32	990 95	1,084 07	1,072 60	1,127 62	1,218 50	1,311 80	12,559 25
Drugs	341 26	439 49	389 73	299 19	379 48	290 87	373 64	300 96	629 10	338 39	385 04	521 46	4,688 61
Milk	312 00	303 60	318 60	304 20	313 80	312 60	311 40	314 40	300 60	310 20	299 40	312 60	3,719 40
Bread	865 81	849 15	813 00	740 00	710 85	712 90	781 70	855 00	831 15	921 10	975 10	1,138 96	10,194 72
Fuel	243 10	242 86	480 00	3 00	942 50	132 19	245 50	92 90	137 86	138 50	240 00	438 75	2,624 16
Lumber	98 86	35 72	95 17	83 93	41 79	52 13	68 37	31 27	67 26	105 60	40 23	75 70	816 3
Meal and Grits	61 60	49 50	54 00	48 20	50 00	44 20	49 25	52 00	54 00	48 00	56 15	48 75	615 65
Interments	15 00	21 50	24 00	17 50	18 00	23 00	25 00	26 00	19 50	21 00	17 00	26 00	255 50
Ice	25 50	19 50	23 50	20 00	42 50	65 00	63 50	93 00	87 00	54 50	23 50	17 00	577 50
Repairs	31 75	26 60	67 33	15 96	53 85		14 50	216 47	145 94	29 26	41 58	73 05	716 29
Soap		46 80			46 8		46 80		46 80		46 80		234 00
Horse and Wagon	30 49	34 11	58 87	45 49	25 92	38 16	35 30	20 48	45 25	24 61	53 56	25 63	437 93
Insurance	127 50	237 50	143 45			79 70							588 15
Attorneys' Fees	600 00												600 00
Medical & Surgical Supplies	30 80		8 50			481 95		138 16					659 41
Stationery and Printing		638 75		35 25		22 50	28 00	105 80			8 00	42 50	884 89
Salaries of Employees	488 00	533 00	528 00	553 00	503 00	498 00	498 00	493 00	488 00	507 00	500 00	5/8 00	6,698 00
Salaries of Officers	941 70	941 70	941 70	991 70	991 70	991 70	991 70	991 70	991 70	991 70	991 70	991 30	11,739 00
Sisters of Charity (Clothing)	170 00	170 00	170 00	170 00	170 00	170 00	170 00	170 00	170 00	170 00	170 00	170 00	2,040 00
Sister Superior's Petty	45 62	40 53	26 30	52 10	19 90	33 47	20 83	37 75	30 40	46 99	29 10	44 91	427 92
Treasurer's Petty	14 65	8 60	11 60	9 35	21 85	7 50	5 80	8 75	7 60	4 40	5 15	7 1	112 41
Marketing	89 00	88 73	109 73	114 39	112 28	150 20	174 72	126 03	161 22	114 16	128 03	229 59	1,598 08
Dry Goods	7 60	537 82	186 43	158 55	132 42	5 00		23 34	86 77	85 07	53 39		1,276 39
House Furnishing		33 11	37 25	5 50		91 54		70 66	37 50	96 95	51 40	188 71	612 62
Hardware		61 13	34 08	29 54	36 14	100 02	67 85	46 38	70 65	68 13	66 78	86 03	666 73
Potatoes	44 00	44 15	31 80	33 20	6 75	76 51		104 25	54 35	48 60	62 65	88 85	595 11
Total	\$6,474 76	\$7,223 61	\$6,362 55	\$5,565 55	\$5,346 47	\$5,843 8	\$5,831 32	\$6,238 07	\$6,431 92	\$6,089 12	\$6,405 67	\$7,357 90	\$75,169 74

Average monthly expenses \$6,264 14½

* This table gives the total expenses for each month of the year of all the supplies therein mentioned, and the total amount of each separate article for the twelve months.

INSURANCE POLICIES ON HOSPITAL BUILDINGS AND COTTON SHEDS.

Deposited in the Hospital Box.

*Charity Hospital, New Orleans, La.,
January 1st, 1877.*

Home Mutual Ins. Co.,	Policy Renewal No. 11,249 (Expires March 10th, 1877)	on Hospital Buildings for	\$20,000	00
Lafayette Insurance Co.,	" " " 3,470 (" Feb'y 10th, 1877)	" " " "	17,500	00
Lafayette Insurance Co.,	" " " 3,584 (" Feb'y 4th, 1877)	" " " "	2,500	00
Sun Mutual Insurance Co.,	" " " 1,323 (" July 13th, 1877)	" " " "	12,500	00
Crescent Mutual Ins. Co.,	" " " 19,697 (" Feb'y 4th, 1877)	" " " "	12,500	00
Crescent Mutual Ins. Co.,	" " " 19,679 (" Jan'y 26th, 1877)	" Union Cotton Sheds	" 7,500	00
				\$72,500 00

J. D. LICHTENBERGER, *Treasurer.*

Report of Attorney.

New Orleans, December 27th, 1876.

To the Board of Administrators of the Charity Hospital.

GENTLEMEN:

As it now approaches the close of the third year of my service as your legal adviser, I am reminded that a report is expected concerning your legal affairs.

There is now no suit pending in which you are a party or are interested in such a manner as to be represented.

All the proceedings which I entered or have defended in your behalf have been settled or brought to a close, satisfactory in results to the Hospital though not realizing all its just claims and necessities.

The settlement of the back-indebtedness of the Charity Hospital has been but partially realized.

The original recognition of this debt was in Sec. 2 of Act No. 59 of 1874, to wit:

"Appropriation to pay the past indebtedness of the Charity Hospital \$89,534 29."

This was attacked and enjoined. It was argued on the trial that the debt was in violation of Sec. 403 Revised Statutes, being in excess of the appropriation.

In answer to this it was shown by testimony that the debt was for actual necessary supplies, was beyond suspicion of fraud or even overcharge, and arose from want of funds and the necessity to sell State Warrants which the administrators could not obtain payment of at the State Treasury. There was no violation of the law by the Administrators and thus the debt made itself without their volition. It was evident also that the deficiency of the previous appropriation was cured by the subsequent one in Act No. 59 which covered the subject completely.

Attorney General Field and Judge Hawkins of the Superior District Court continued unalterably opposed to the appropriation, but though there was a long argument and trial no judgment was ever rendered.

The decision of the Supreme Court in the case of the State ex rel. Howe vs. Auditor Clinton, against the validity of appropriations in Sec. 2 of Act No. 59 of 1874 for defect of title, was so emphatic that your attorney was compelled to desist from his efforts, at least for the time being.

Sec 2 of Act No. 17 of 1875 attempted partially to remedy the wrong by appropriating to the Board of Administrators of the Charity Hospital \$50,000 "out of the revenues of 1874 to cover deficiencies existing for former years."²

But this again was disputed and delayed, although not expressly enjoined; and when settled, the revenues were so nearly exhausted that the warrants have been since of little value.

Bills drafted by me for your relief, at the request of your Vice President and Treasurer, were presented at the sessions of 1875 and 1876 but received little or no attention. Some of their provisions were incorporated but without giving an opportunity of examining their wording in time, or submitting it to your attorney. Consequently, though the Legislature has given you twice the \$40,000 annual license of the Louisiana State Lottery Company, the appropriations have been defeated in their effect as to one of the four quarters of each year. So that you have realized thus far but \$30,000 out of \$40,000 a year intended from this source.

I have again drafted a bill which I submit below to secure you in this matter for the future, and I hope you will succeed in securing better Legislative assistance in its behalf, than has been the case on former occasions.

Your obedient servant

ALFRED SHAW.

(PROPOSED BILL.)

AN ACT

For the Relief of the Charity Hospital at New Orleans; and to secure a revenue for its support, including the License or tax of the Louisiana State Lottery Company, fees of inspection of slaughtered animals, one half of poll tax, and auctioneers' dues.

SECTION 1. *Be it enacted by the Senate and House of Representatives of the State of Louisiana in General Assembly convened, That the license or tax from the Louisiana State Lottery Company, and all receipts from the same, shall, from and after the passage of this Act, be devoted to the support of the Charity Hospital at New Orleans.*

SEC 2. *Be it further enacted, etc., That Article 5th, Section 1 of the articles of Incorporation embraced in Section 2 of Act No. 25 of 1868 be amended and re-enacted to read as follows:*

"Article 5, Section 1 The Corporation shall pay to the State of Louisiana the sum of forty thousand dollars (\$40,000) per annum which sum shall be payable quarterly in advance to the State Auditor, who shall deposit the same in the Treasury of the State, and which sum shall be credited to the

fund for the support of the Charity Hospital at New Orleans; and said corporation shall be exempt from the payment of all other taxes and licenses whatever, whether from State, Parish, or Municipal authorities."

SEC. 3. *Be it further enacted, etc.*, That this amendment shall not be construed to affect in any manner the contract or reciprocal rights and obligations of the State and the Louisiana State Lottery Company, being merely a dedication of the license due or receivable by the State to a different object.

SEC. 4. *Be it further enacted, etc.*, That from and after the passage of this Act all receipts from the following sources shall be credited to the Charity Hospital fund, to wit: all fees of inspection derived from the slaughtering of animals under the Slaughterhouse Act; from the poll tax fifty cents upon each person or one half of all receipts, that is, all of said tax not required by the constitution to go to the educational fund; and all receipts from licenses and percentage upon auctioneers and auction sales.

SEC. 5. *Be it further enacted, etc.*, That this act shall have force and effect from and after its passage, and all provisions of law conflicting therewith are hereby repealed.

HISTORICAL SKETCH

OF THE

Charity Hospital of New Orleans,

BY JAMES BURNS, M. D.

HOSPITALS, according to generally received authorities, are institutions which were unknown to the ancients. In the article *Hôpitaux*, in the "Dictionnaire de Médecine", Paris 1821-8, M. Raige Delorme tells us that the Latin word *nosocomium*, which represents that term, was coined during the Middle Ages, from the Greek *nosos*, disease, and *komein*, to take care of, to treat. But, in the first place, even if that statement be admitted, the coining of a new word, would be no proof of its representing a new thing. And, in the next place, the statement is erroneous, inasmuch as Diogenes Laertius, who flourished about A. D. 210, is referred to as using the Greek words *nosokomeion*, in the sense of "hospital", and *nosokomein*, in that of "to have charge of a hospital". Besides this, Crates is quoted as using the word *paincnon* as meaning a hospital. There are four persons of the name of Crates brought down to us as worthy of biographical notice:—the most ancient of whom,—the one understood to be intended here,—flourished in the fourth or fifth century before Christ; and the most modern, at least half a century before Diogenes Laertius. Hippocrates, again, who was born in the fifth century before Christ, gives, in his essay, *PERI INTROU*, particular directions for the management of the infirmaries or hospitals of physicians; and a reference to Gesenius, Simon, and Leopold, will show that the Hebrew words *beth hachapheshith*, (found in 2 Chron. 26, 21, and 2 Kings, 15, 5,) which are in king James's version translated "a several house", should be rendered by "house for the sick, infirmary, or hospital". Leopold, indeed, in his Hebrew-Latin dictionary, gives the Greek word *nosokomeion*, above noted, as its synonym. Further, no one can carefully investigate the subject of temples, especially such as those of *Aesculapius*, or even of *gymnasia* in ancient Greece and Rome, without coming to the conclusion that the former were really hospitals, and that the latter were in some sort devoted to hospital purposes as well as others. And as little can any one trace the various applications which have been given to the word "hospital" in modern times, or to those given to ancient words representing such institutions as have passed by that name, without being made the more easily to understand how their true natures have not always been the same, and therefore have been much misrepresented.

This is not the place to go any further into this point. It would, perhaps, have been unadvisable to notice it all here, if it were not that the latest and best authorities will be found to persist in what is challenged as error. Messrs. Mongez, Percy, and Willaume, upon whom M. Delorme, above referred to, relies as authorities for his statements, tell us, as does Fleury, that the Christian Greeks were the first to make efforts for succoring the sick in one place. "The earliest known hospital", says Appleton's latest *Eyclopaedia*, "was founded in the latter part of the fourth century". But the simple fact is, that, from the very necessity of the case, hospitals have existed, in every practicable shape, in all densely populated countries, in all ages. Here, we have no further concern with the question. While the term "hospital" is still applied with various modifications of import, we have now to employ it only as the designation of such an institution as the "CHARITY HOSPITAL" of New Orleans is very generally understood to be. As will be presently seen, however, this institution is by no means so restricted in its character, as most of those with which it is in its essence properly classed.

An historical sketch of the CHARITY HOSPITAL of New Orleans would be shorn of much of its interest, if it were to be confined to a notice of nothing beyond the actual institution. Its predecessors, from the earliest days, whatever their origin, their character, or their fate, have such a relation to it, that they demand consideration with it. What scope shall be given to that consideration must be decided by circumstances. Here, it must necessarily be limited; for, but a brief account can be given of the whole subject, and the more important portion of this is naturally that involving the establishment and progress of the Hospital as it now exists.

With what wonderful events in the history of the world are the antecedents of the New Orleans Charity Hospital immediately linked! From the foundation of the City they cannot be separated: nor from that of the Colony. These carry us back irresistibly to the period at which the first European gave to modern civilization, at least, a knowledge of the "New World." And, in spite of strong influences counselling against it, it is impossible to avoid the temptation, even here, to take a glance at Diodorus Siculus, who is held on no light grounds to have given an account of such a knowledge acquired before the Christian era; aye, and even at the Atlantis of Plato, as he makes Critias paint it in the *Timaeus*. If thence we must pass over the suggestions by Peruvian, Mexican, and other remains, of a probability of more than Egyptian antiquity, with no more than an allusion,—we cannot omit a reference to the seemingly indisputable claims of the Scandinavians to have settled colonies on the continent nearly five hundred years before Columbus discovered it, or of the Welsh to have visited it some 322 years previously to his sighting Watling's Island, on Thursday night, October 11th, 1492, and his landing on it the following morning. Other discoveries, settlements, and names concerned in them must here be ignored, in order to come at once to Hernandez de Soto, the discoverer in 1541 of the River Mississippi and of the vast territory which was afterwards named "La Louisiane" by the Sieur de la Salle and Father Louis Hennepin, and which extended, with indefinite boundaries, from the Gulf of Mexico to Canada, and from Carolina on the East to old and new Mexico on the West. Thence we must leap to the days and deeds of the *Grand Monarque*, Louis XIV., Ludovicius Magnus,—born in 1638, succeeding to

the throne under a regency in 1643, declared to have attained his majority in 1651, proclaiming "*L'Etat c'est moi!*" in 1657, attaining the height of his glory in 1678, and not dying till 1715. In the meantime, Penn had established his colony in Pennsylvania, in 1682; and on Saturday, the 9th of April, of that year, the Cavalier de la Salle had, at the mouth of the Nemesi-si-pou, the Meschacébé, the Malbouchia, the St. Louis, the Colbert, or the Mississippi, taken possession of Louisiana, in the name of the voluptuous and ambitious French ruler. Another leap, and the great king was persecuting the Protestants, when in 1698, he dispatched two vessels of war to convey a staff and form an establishment in his colossal but unexplored colony. According to La Harpe it was on the 24th of September, that these vessels departed from France, and Rochefort was the port from which they weighed anchor. According to Chateau the 24th of October was the date, and Brest was the port of departure, by way of Ushant. According to Penicaut it was the month of October and the port of Rochelle. What shall we do with these seeming contradictions? Why, if possible, accept them all as correct, seeing there is no imaginable reason for falsity in either case; and this is not the place to enter upon a minute examination of the question. The vessels, then, may have sailed from Rochefort on the 24th of September, proceeded a short distance north-westerly to La Rochelle, have left this port in October and made Brest, and taken final departure from this port *via* Ushant, on the 24th of that month. These vessels were the thirty-gun frigates, the *Badine*, commanded by Pierre Lemoine d'Yberville, [the Biographie Universelle gives the initial of his first name as "N."] and *Le Marin*, commanded by the Count de *Surgères*. [Martin and Roux gave this name as *Sugères*.] Accompanying them were two transports of from thirty to forty tons each, the *Precieux*, commanded by T. F. Le Vasseur, and the *Vogageur*, commanded by F. Guyon. Reaching *Cap François* in St. Domingo on the 4th of December, there delivering dispatches to Governor Ducasse, they found they were to be escorted to the Mississippi by the fifty-gun frigate *Le François*, commanded by M. de Chateaumorant, under the guidance of one of the most daring of the *flibustiers* who had a few years previously been the scourge, the terror, and the outlaws of the tropical regions of the New World. This man was the desperate Laurencillo, or De Grave, a Dutchman, whose real name, it is said, was Lorenz Graff or Graaf. He had been one of the leaders of the terrible band, who in 1683 had captured and pillaged Vera Cruz, and the chief of whom, Van Horn, he subsequently killed in a duel. Grammont, another leader of this desperate horde had been nominated Lieut.-Governor of St. Domingo, but having sailed on some characteristic expedition, he, his crew, and his vessel, disappeared never to be heard of more. On the 25th of December, the squadron which had left *Cap François* on the 22nd, made Leogane, whence they sailed on the 1st of January, 1699, and on the 25th of the same month they reached the island of Santa Rosa.

But little notice is taken of the provision on board these vessels for medical or surgical contingencies; but it will be quite safe to assume they were not neglected, and that in endeavoring to form a settlement, the necessity for attention in this respect was at once recognized. The fevers and other diseases, now too commonly considered as peculiar to tropical climates, were too well known to prevail throughout the New World. The literature concerning them had long been voluminous. To give a few examples,—in 1519,

Acosta, in his "Historia Natural y Moral de las Indias," had treated of them: in 1579, Chauveton, had published a translation from Benzoni's Italian account of the Progress of the Spaniards in the West Indies, in which they were described: in 1640, Bouton had given an account of them in his "Histoire de l'établissement de la Colonie de Martinique": in 1652, Du Puis, in his "Relation de l'établissement de Guadeloupe et des mœurs des sauvages", had described them: in 1655, Pelleprat had treated of them in his "Relation des Missions des Jesuites dans les Isles Martinique et St. Christophe, de 1639 à 1655": in 1665, Breton had noted them even in his "Dictionnaire Caraïbe": in 1667, they were discussed by Du Tertre, in his "Histoire générale des Antilles habitées par les François", and by Rochefort in his "Histoire Naturelle et Morale des Antilles de l'Amérique": in 1686, Sereta had considered them in his treatise "De Febre Castrensi Maligna": in 1694, Ferreyra da Rosa had written of them in his "Trattado unico da Constituição Pestilente da Pernambuco": in 1697, Ligon had given an account of them in "The History of Barbadoes." They had afflicted every part of the New World, from Plymouth Rock in 1602 to Philadelphia in 1699, as severely as the more Southerly regions; and the experience of such men as d'Yberville, his brothers, Jean-Baptiste Lemoyne, Sieur de Bienville, and the Sieur de Sauvole, with Surgères and Père Athanase, was too great to admit of the supposition that they did not fully appreciate the medical necessities of the case. In their cruings in search of a location adapted to their purposes and views, they at first found little to invite them. And, when in May, 1699, they chose Biloxi, but few could have been found to join them in their speculations about the future greatness of the region. Many were there who long afterwards denounced it as worthless, irreclaimable, sickly swamp, to invite the adventurous to which, with glowing accounts and attractive foretellings, was a fraudulent deception. But those indomitable spirits had confidence in their mission, and with irresistible energy did they perform its duties and meet its requirements. Shortly after d'Yberville's first landing at Dauphiness (Dauphine) Island and Biloxi, they had ascended the Mississippi, sailing up the mighty stream and investigating as they went. Their circumstances allowed of no Hospital provisions then, unless those, if they may be called such, which were provided on board of their ships, or at the private quarters of pious and hospitable missionaries, or of friendly and sympathetic aborigines. From Biloxi to Fort Rosalie—so named after the Comtesse de Pontchartrain,—or Natchez, as now called after the celebrated Indian tribe, and up to the mouth of Red River and back to the Lakes and Mobile, no other accommodations for the sick were to be found. Rude and primitive they must have been at the best—even though benevolent, able, and self-sacrificing missionaries, such as Montigny and Davion,—the former, as some state, long previously located in what is now the parish of Tensas, and the latter about where Fort Adams now stands, Mississippi,—had been accessible to them in case of need. Nor, when on their return d'Yberville made the formal settlement at Biloxi first alluded to,—Fort Maurepas,—was there to be expected a very material improvement in this respect, notwithstanding the good fathers visited them, and, among their holy duties, doubtless did not a little towards alleviating physical suffering, as well as towards succoring mental and spiritual ills. Yet we find

that among the garrison staff there was a chief-surgeon, named Care, and by implication we seem warranted in inferring he had subordinate assistance, with medical and surgical appliances, and some extent of Hospital accommodation. Sickness was one of the worst difficulties instantly encountered by the colonists. Including eighteen *fibustiers*, the garrison numbered eighty, with Sauvolle as Commandant, and Bienville as Lieutenant of the King. The increase of these numbers could not have been very rapid, and yet we find that such was it, and such was the fearful mortality, that in 1701, Sauvolle died *de la fièvre*, and one hundred and fifty of the colonists also succumbed to *les maladies*. In the autumn of 1704, thirty-four were carried off in the same way. And in that year it was that the neglected Chevalier Tonti died at Fort Mobile. Thus early and thus sternly did disease force its claims to attention. The lady-superintendent who, in 1704-5, was sent out with twenty-three girls forwarded to the colony from France, would be certain, it may fairly be presumed, besides getting her wards married, to contribute towards improvement in all the softening and ameliorating tendencies of the society into which she had been thrown. She must have possessed the attraction of virtuous sentiments and deeds, or she would scarcely have been selected for her position or have afterwards won a proposition of marriage from Boisbriant, Bienville's cousin. Possessing those she must have seen it necessary to provide for the wants of the sick of the little colony, in a better manner than could be expected in their circumstances, without some such an influence as hers. That sickness was constant, as well as frequent, severe and dangerous, is only too well established. Indeed, it followed of necessity from the climatic, dietetic, and social conditions of the colony. And that yellow fever was among its experiences, seems pretty well established. Of that disease, is is confidently affirmed, d'Yberville died in Havana, on the 19th of July, 1706. He had returned thither with eight vessels originally intended for a descent on Jamaica; but, foiled in that, subsequently diverted for one against Carolina. But the pestilence raging there destroyed, besides himself and M. de Gabaret, captain of one of his vessels, more than eight hundred of his men. What that disease was could not well be unknown to the experience of the two thousand *fibustiers* he had brought with him from Martinique, or of his crew, or of the colony he had founded, strange as it may seem to some that he and so many of his friends,—brothers, cousins and companions,—should, unless we except Sauvolle, altogether have escaped in the colony, and he himself have contracted it after an absence of some years from Biloxi. Yet not so strange, perhaps, to medical science!—which sees in the very decisive change of climate and system, the probability that the danger of infection which had in him been previously overcome, had been again raised to insurmountable height. Notwithstanding all this, however, it is not till the arrival, in 1705, of two Sisters of Charity, that we hear of any positive and systematic arrangements for the inevitable emergencies. Early in that year, a ship-of-the-line, commanded by Duoudray, brought them to the colony, a ship-of-the-line, commanded by Duoudray, brought them to the colony, especially to attend on the sick and preside over the Hospital; and from that day to this have they labored in the beneficent cause, expanding their field of action as expanding claims of duty have demanded of them. The medical aid which they had at this time appears to have been of but weak character or promise. In 1707, we find there was a salaried physician, named Barrot,

who had been sent out by the French government, and who was then the only one in the colony. In 1711, we find among the expenses of the colony, 500 livres pour le coffre des médicaments,—for medical supplies, as we may render it. When in connection with these facts, the struggling, contentious, unsuccessful, calamitous, unpromising and suffering condition of the little colony is taken into consideration, no other conclusion can be tolerated than that the Hospital pretensions of that day were by no means ignored, although they must have been sorry indeed. A rough cabin or storehouse surrounded by swamp, the mockery of wind and weather,—with insufficient supplies of only the coarsest food, medicine, and surgical and medical appliances,—without experienced medical skill,—and without sufficient attendance to make even them available to the best advantage,—these were the sad realities. But still they were one step in the progress which contrast shows, and which, however gradually slow, has yet at last proved solid and efficient. Into all the steps of the movement it would be vain to attempt here to enter; but be called to the advent of Dr. Jallot, the friend of St. Denis, another cousin of d'Yberville's, to the colony in 1716. Not that he is on record for any special connection with the immediate subject; but that he was one of the most romantically adventurous, and enthusiastically ardent lovers of his profession, whom general reading on this matter will bring to acquaintance. To those who have not yet made themselves familiar with accounts of him, many pages of most interesting reading have yet to be opened up. But with this reference to him, we must pass to the next great phase of our subject.

This is the removal of the colony from Biloxi to Mobile, and thence to the site on which New Orleans now stands. From its first establishment, the original colony had suffered severely from nearly every conceivable vicissitude. Bienville, his brothers and his friends, were assailed and calumniated in the fiercest manner by political opponents, headed by La Salle and the Curé de la Vente. The efforts of this last named individual to aggrandize the temporal power of his church had introduced the destructive element of religious contention, and developed the *odium theologicum* in all its remorseless-ness. The nepotism of the Lemoine family afforded only too specious grounds for attacking them. How many of that family held offices of trust and emolument in the colony, from time to time, it would not be an easy task to state with exactness. But they were very numerous, and they tolerated none who were not devoted to their interests. The presence of base and worthless characters, fugitives from justice, vagabond tramps from Canada and Indian settlements, burdensome drones, and pretentious good-for-nothings, all contributed even in this small society, to the serious evils encountered. Scarcity of provisions and supplies was the rule; and famine so frequently stared the inhabitants in the face, that it repeatedly became necessary to quarter the larger portion of them, and especially the troops, among the neighboring friendly Indians, to be preserved from starvation by thus enforced, though generously conceded, hospitality. The extremities of injurious climatic influence had to be endured,—far beyond anything known to us now, according to authentic records. Changes of forms of government produced their worst effects, aided by the death of new appointees on the way to their destination, and by unfortunate selections of incompetent officials, from the highest to the lowest grade.

The fickleness of the people kept their rulers in alternate favor and disgrace, now in strength, now disabled. Vast promises and dazzling efforts to improve the colony,—such as those of Crozat and Law,—raised the highest hopes, only to be blasted. It was in 1718, immediately after Bienville had been reinstated as governor, that in view of the unfavorable condition and prospects of the colony at Biloxi, he resolved on preparing to move it to New Orleans. This site had been chosen after careful examination and comparison with others which some had strongly recommended, the chief among these being Manchac. With what sagacity the decision was made the result is before us to illustrate. But the removal of the colony was not an easy matter; nor was it at once accomplished. A determined attempt was made, however, and a partial success achieved, the number of those who had participated in it being increased in June, of the same year—1718—by the advent of sixty-eight new-comers sent out under the Law scheme. In the meantime, Biloxi, and afterwards Mobile, had remained the seat of government:—in 1719, two vessels, the *Grand Duc de Marne*, Capt. Laudoin, and *l'Aurore*, Capt. Herpin, arrived from Guinea with 500 negroes. During that same year, the commenced settlement at New Orleans was abandoned in consequence of overflows, and Biloxi resumed her status. In 1720, the ships *Comte de Toulouse* and *St. Henri* arrived from St. Domingo with a terribly destructive and contagious or infectious disease on board the victims of which were found, on being opened after death, to have their stomachs infested with worms. The same malady killed 28 convicts on board the *Maréchal d'Estrées*, which had stranded in some neighboring bay in about 29° of latitude, into which she had been carried through the ignorance of those in charge of her. Vessels with negroes from Africa continued to arrive from time to time, reporting a loss of from thirty to fifty per cent. on the passage. About this time, the engineer, Pauger, proposed to increase the current of the river at its mouth, and so to cause an increase of depth on the bar, by sinking loaded vessels by way of jetties, and urged the removal of the capital to New Orleans. De la Tour objected; but Bienville approved the propositions. In the meantime, on the 23d of November, 1721, the foundation of a Hospital, 70 feet long and 26 feet wide, to be built of pine, was laid at Fort St. Louis, Biloxi. At the end of March, 1722, we find a surgeon named Navarre registered among those returning to France from New Orleans. Among the colonial expenses of this year we find entered 1600 livres for almoners and surgeons, besides which the cost of supporting Hospitals is mentioned. It might be of interest and perhaps not inappropriate here to give an account of the class of people sent out to the colony by the India Company. Their antecedents, character and treatment would make it clear that they would be certain to render Hospital accommodations an imperative necessity, even though they were accessories of prisons and galleys. But space cannot be devoted here to details. The galleys, prisons, poor-houses, stews, hospitals, rookeries, houses of refuge, mendicant-dens, the hovels of the poverty-stricken, the cabins of the obscure and helpless, not only in Paris but in the provinces, were ransacked to supply colonists for Louisiana. They had been gradually arriving when on the 11th of September, 1722, a terrible hurricane added its effects to their misery. La Harpe, in his "Memoir on the importance of Louisiana," says the epidemics which desolated other parts of America were unknown in Louisiana: but when he adds that if there were some mortalities

in this country, they were caused by maladies contracted in St. Domingo, and by the misery to which the colonists were reduced, it will require very little experience or penetration to lead to the conclusion that he was merely making the best of a bad case, and we need not here follow him any further. We now come to the final removal of the capital of the colony to New Orleans. It was in 1723, that Bienville firmly established the foundations of the "Crescent City." Doubtless the settlement must previously have had some sort of Hospital provision, but what it was must be left to inference. At this period 1723—the population of New Orleans, numbering between two and three hundred, occupied about a hundred very modest buildings. The city was divided into sixty-six blocks of three hundred feet square each—eleven blocks fronting on the river, with a depth of six blocks. In September of the same year the city was desolated by a fierce hurricane; and among the places noticed as having been destroyed by it, we find named the Hospital. Undoubtedly this had been a very humble precursor of its present invaluable representative. That, such as it was, it was immediately re-constructed, needs no attempt at proof; for it is self-evident that it must at that time have been felt to be an indispensable requirement. In illustration of this, it is not necessary to do any more than quote from the articles of instructions given by the India Company to M. Perier, who was made Governor in 1726. "Whereas," says one of them "it is maintained that the diseases which prevail in New Orleans during the summer, proceed from the want of air and from the city being smothered by the neighboring woods which press so close around it, it shall be the care of M. Perier to have them cut down, as far as Lake Ponchartrain." This paragraph, as says Mr. Gayarré with irrefragable correctness, "shows two things:—1. That, at that remote time, the summer was a sickly season in New Orleans, as it is to this day." The rest of the quotation may be relegated from the present subject to another to which it is more immediately pertinent. The population of New Orleans and its environs had in 1724 increased to about 1600. Under such circumstances, the re-erection of the Hospital was even a more pressing necessity than the re-erection of many other buildings; and we need not consume time in searching for the sepulchred testimony of its having been effected.

The next important step we read of in the history of Hospital provisions for the city, is the arrival in 1727, of seven Ursuline Nuns, with four servants, whose specified duty it was to take charge of the "Charity Hospital" of New Orleans. They had been engaged in France the previous year, on condition that they should take charge of the Hospital in its existing state; that they should be allowed, as near as practicable to New Orleans, a grant of land, with eight arpents front, [about 1536 feet, the linear arpent being 192 feet,] on the river, by the customary depth of forty arpents, [7680 feet,] on which they might establish a plantation for the support of themselves and the Hospital; and that until the plantation should be established, each of them should be paid six hundred livres per annum, for no longer than five years after they should be supplied with eight negroes on the customary terms of selling them to colonists. Previously to their departure from France, provision for their passage, and a douceur of five hundred livres to each, had been made by the India Company. "It was expressly stipulated," says Mr. Gayarré, that if the

nuns ceased to serve in the Hospital as agreed upon, they should forfeit their plantation and the immovables attached to the Hospital."

The Hospital of which they had to take charge on their arrival was at the corner of Bienville and Chartres sts., but this was soon exchanged for a more convenient one connected with the Ursulines Convent, corner of Coudé and Ursulines streets; and yet another was soon commenced for them on Condé st., between Barracks and Hospital streets, part of which is now occupied as the archiepiscopal residence. Of this they took possession in 1739. Their duties are described by Martin in his History of Louisiana, as little more than nominal,—those merely of waiting on the king's physician during his brief visit to the patients, of taking his prescriptions, and sending to the Hospital from their dispensary in the convent the medicaments ordered. They became dissatisfied with Hospital duties, obtained a bull from the Pope releasing them from their duties, and entered on the rôle of teachers, to which they have ever since confined themselves. In 1824 they sold their plantation and occupied a more spacious building they had erected two or three miles further up.

Another Hospital improvement was one made in 1737, by the foundation of an institution under a bequest left by a sailor named Jean Louis, who, having in the service of the East India Company acquired a moderate competency, left at his death ten thousand livres [less than \$2000,] to be devoted to the establishment of a place for the succor of the sick and wounded. Of this, Gayarré says, "At one of the extremities of the city, a house belonging to Mme. Kolly was purchased for twelve hundred livres [\$250.] One part of the balance of the sum bequeathed was employed in procuring the necessary apparatus and furniture, and the other part was kept in reserve." This very small beginning has been held to be the foundation of the present invaluable "CHARITY HOSPITAL." It seems to have been situated on the square bounded by Hospital, Condé, Barracks, and Old Levee streets. In 1739 we again read of great mortality, especially among the troops recently arrived from France.

As in 1744, the population of the city proper had increased, from two or three hundred in 1723, to eleven hundred, there having been no material exception to an average rate of increase, its population in 1737 may be assumed as about eight hundred, exclusive of a much larger number living in the country immediately around it. Besides the two Hospitals named, doubtless others of more or less pretension sprang up, had their ephemeral existence, and disappeared, to be succeeded by others. With the increase of population, which has ever been steady and constant, though only gradual, and never suddenly great, additional Hospital accommodations must necessarily have been provided. In 1766, the population of the city had increased to the neighborhood of three thousand; and in the following year (1767) the "ravages of yellow-fever" are spoken of by some writers, as having appeared "for the first time," and as having been due to the presence of Spaniards: although in addition to what has been proved by the works already cited, Deverell shows that disease to have existed and been well known from the earliest times; although its victims in these regions count from the earliest settlements, from De Soto to Sauvole; although John Mitchel had written of its ravages in Virginia as early as 1737; although Dr. Lining of Charleston, had written on the disease some fifteen years previously; and although the whole weight of evidence goes to show that it had always and severely prevailed here. In 1769, the popula-

tion was estimated at 3190; in 1785, at 4980; in 1788, at 5338; in 1792, at somewhat under 6000; in 1803, at from 8000 to 10,000. In a like proportion, in whatever form it may have been, must Hospital accommodations have increased; but for present purposes, it would be dealing with too unimportant obscure minutiae to enter into the particulars of this progress. We may simply note that in the storm of 1779, a hospital built of wood, on the West side of Rampart street, between Toulouse and St. Peter's streets, was blown down and entirely destroyed. In the great fires which took place in New Orleans in 1788 and in 1794, the Hospital accommodations had their share of the destructive consequences. After the former, for instance, among the immediately necessary supplies for which governor Miro sent to Philadelphia, we find "medicaments" enumerated. In 1784, Don Andres Almonaster y Roxas, commenced the erection of a Hospital of brick and mortar on the site of the one blown down in 1779, and called it the CHARITY HOSPITAL of St. Charles. It cost \$114,000, and two years were occupied in building it. He appropriated the rents of stores at the corner of St. Peter's and Levee streets to its support, constituting an annual revenue of fifteen hundred dollars. In 1802, the colonial prefect Laussat, thus reported of this one of the greatest—perhaps the very greatest—of individual benefactors, New Orleans ever had:—"A rich Spaniard, however, (Don Andres Almonaster), has built up with brick and mortar a CHARITY HOSPITAL, a Town-hall and a Church." Then, again, we find that among the buildings delivered to the United States at the cession of the colony by France, was the Military Hospital, a large brick building adjoining the barracks. The Hospital founded by Almonaster y Roxas remained under the patronage and direction of his family till 1811, when it was ceded to the public, the building however, having been previously destroyed by fire. By the act of the legislature accepting it, it was placed under the government of a council of administrators, nine in number, of whom the governor was to appoint six and the city council three. In 1813, it was enacted that the board of eight should be appointed by the governor with the advice and consent of the senate, the governor being *ex-officio* a member. In 1815, the Charity Hospital was built on the square bounded by Common, Dryads, Canal, and Baronne streets, now occupied by the Law and Medical Departments of the University, by the Agricultural and Mechanical College, by the Academy of Sciences, by the "Mechanics' Institute" buildings, and by private stores and dwellings. There it remained till 1832, when it was sold to the State to be converted into a State House. With the proceeds—\$125,000—the administrators, at a cost of \$150,000, purchased the square on which the CHARITY HOSPITAL now stands, and erected buildings sufficient to accommodate four or five hundred patients. Additions were made from time to time, until nearly or quite three times that number might be accommodated. The institution covers two squares of ground, bounded by Common, Howard, Gravier, and Freret streets; and the lofty, airy and commodious buildings on it, no fewer than fourteen in number are all judiciously designed for the great purposes contemplated, and, in proper condition, are as impressive in appearance as excellent in adaptation. It is perhaps unnecessary here to enter further into minutiae than to state that the front main building is three stories high, 300 feet wide and 50 feet deep. Surely, the authorities and people of the State must determine that it shall never be allowed to lose its well-earned reputation, or to deteriorate in its noble and incalculable usefulness, for want of continuous suitable support.

The institution has depended for support on State appropriations, taxes on immigrant passengers, payments for U. S. troops and marines, grants from the municipalities, payments for patients from adjacent localities, receipts from pay-wards, proceeds of unclaimed property of deceased patients, property purchased, gate-money, certain fines in the criminal courts, taxes on lotteries, fines on gamblers, taxes on theatres, shows, balls, &c., and private benefactions. Among salient points in the statistics of the Hospital, the following seem worthy of special note: In 1840, \$40,000 in quarterly installments was granted the institution. From 1844 to 1853, the largest annual State appropriation was \$20,000 in 1847; the smallest \$5,000 in 1851; the average from 1844 to 1853 inclusive, was \$12,000. In this last named year, the institution was reported free from debt. Its receipts from passengers that year amounted to \$53,483; its disbursements had amounted to \$39,806: there was cash on hand, \$17,414: there were available debts for the ensuing year, \$4997, from property belonging to the City.

The two tables subjoined furnish, though not quite complete yet, interesting statistics concerning the Hospital. The first shows the number of patients remaining in the institution at the commencement of each year from 1820 to 1877 inclusive, with the number admitted, the number discharged, and the number dying, each year. The second gives financial and other particulars for the twenty-four years extending from 1830 to 1853, inclusive:—

TABLE I.
OF
Admissions, Discharges, and Deaths,
—FOR—
FIFTY-EIGHT YEARS.

Year.	Remaining.	Admitted.	Discharged.	Died.	Year.	Remaining.	Admitted.	Discharged.	Died.
1820	40	1,069			1849	609	15,558	12,133	2,745
1821	46	1,308			1850	719	18,476	15,989	1,884
1822	82	1,685	1,116	573	1851		18,420	16,777	1,871
1823	78	1,288		283	1852		18,035	15,057	2,098
1824	100				1853		13,759	10,733	3,164
1825	70	1,262	989	218	1854		13,192	9,976	2,702
1826	125	1,373	1,212	196	1855		12,192	9,701	2,391
1827	90	1,857	1,549	304	1856		9,432	8,601	974
1828	94	2,434	1,989	401	1857		8,897	7,914	1,017
1829	138	2,559	2,065	483	1858	572	11,137	8,993	2,290
1830	148	2,768	2,366	424	1859	644	12,775	11,257	1,321
1831	116	3,749	3,149	409	1860	730	1,400	12,605	1,390
1832	309	2,170	1,703	568	1861	891	8,665	7,918	798
1833	169	3,851	2,617	1,114	1862		6,016	5,532	719
1834	262	5,841	4,745	1,052	1863				
1835	265	6,205	4,999	1,226	1864	373	4,861	3,999	812
1836	222	4,754	4,163	585	1865	423	6,466	5,880	669
1837	228	6,103	4,640	1,420	1866	640	9,329	8,108	1,122
1838	271	4,687	3,890	683	1867	738	8,612	7,260	1,438
1839	239	4,833	3,611	955	1868	537	4,981	4,365	490
1840	267	5,041	4,370	619	1869	660	6,177	5,327	784
1841	314	4,386	3,093	1,156	1870	717	7,837	6,764	1,118
1842		4,404	3,516	761	1871	672	6,651	5,730	891
1843		5,013	3,672	1,041	1872	700	5,541	4,846	825
1844		5,846	5,059	713	1873	570	5,090	4,124	993
1845	383	6,136	5,446	563	1874	543	5,231	4,360	860
1846	401	8,044	7,074	855	1875	554	4,845	4,121	753
1847	427	11,890	9,369	2,037	1876	525	5,690	4,780	742
1848	829	11,945	10,010	1,897	1877	693			

Continued Report 1873

TABLE II.
Finance, Nationalities, &c., for Twenty-four Years.

	COST OF MAIN- TENANCE.	AMOUNT DIS- BURSED.	DEBTS DUE.	PASSENGERS AR- IVED.	AMOUNT RECEIVED FROM PASSENGERS.	FOREIGNERS.	UNITED STATES.	UNKNOWN.	LOUISIANA.	STATE APPROPRIA- TIONS.
1841	TWELVE	YEARS	FROM	1830	.....	37,543	16,247	512		
1842	\$34,651 96	\$24,031 19	\$62,310 50	30,832	\$ 5,117 31	3,277	954	34		
1843	34,746 33	29,970 71	50,613 98	24,930	14,819 49	3,937	1,076	59		
1844	39,231 04	51,311 15	40,952 63	19,788	16,668 79	4,530	1,316	282	113	\$15,000 00
1845	39,310 43	63,389 00	19,478 91	29,979	23,786 25	4,704	1,350	82	119	15,000 00
1846	43,088 39	53,924 24	13,474 37	34,549	30,146 94	6,151	1,773	121	145	10,000 00
1847	56,291 08	70,318 52	4,627 62	41,052	40,402 53	10,171	1,562	157	53	20,000 00
1848	68,048 54	85,176 90	5,120 81	40,992	41,817 41	10,280	1,579	86	111	10,000 00
1849	66,351 32	92,993 43	26,634 04	43,398	53,412 46	13,634	1,782	142	147	10,000 00
1850	69,783 87	89,427 56	22,380 82	38,423	46,892 73	16,598	1,774	104	264	15,000 00
1851	67,074 48	66,575 71	23,853 45	36,376	47,284 96	16,503	1,726	191	241	5,000 00
1852	59,032 98	84,982 32	11,001 94	45,335	59,590 10	16,141	1,709	181	248	10,000 00
1853	54,360 12	69,805 62	none.	34,870	53,482 51	12,333	1,306	120	228	10,000 00

With present resources, it is not practicable to supply certain deficiencies which will be observed in these tables, or to reduce certain discrepancies in them to exactness. In a few cases the figures we give are those which Dr. Stanford E. Chaillé has substituted for others found in previous authorities, because the laborious care which that gentleman has bestowed upon the subject, and to which we are largely indebted, cannot but inspire confidence in his conclusions. As giving an approximately correct view of the conditions they embrace, the tables may confidently be relied on as quite safe for all practical purposes. As supplementary to them the subjoined notes are worthy of record.

The Institution has depended for support on State appropriations, taxes on immigrant passengers, payments for U. S. troops and marines, grants from the municipalities, payments for patients from adjacent localities, receipts from pay-wards, proceeds of unclaimed property of deceased patients, property purchased, gate money, certain fines in the criminal courts, taxes on lotteries, fines on gamblers, taxes on theatres, shows, balls, &c., and private benefactions. Among salient points in the statistics of the Hospital, the following seem worthy of special note: In 1840, \$40,000 in quarterly installments was granted the Institution. From 1844 to 1853, the largest annual State appropriation was \$20,000 in 1847; the smallest \$5000 in 1851; the average, from 1844 to 1853 inclusive, was \$12,000. In this last named year, the Institution was reported free from debt. Its receipts from passengers that year, had amounted to \$53,483; its disbursements had amounted to \$69,806: there was cash on hand, \$17,414: there were available debts for ensuing year, \$4997, from property belonging to the City.

In 1832, the cost of maintenance is given as \$31,295.

In 1842, among the sources of income, we find forfeited recognizances credited with \$1500; balls, &c., with \$1375; pay-patients with \$3054; gate-money with \$1376; donations, &c., with \$2378; the Girod Estate with \$5400. At this time such was the resistance to the passenger tax, that in one year eighty-three boats defiantly refused to pay it, and 175 boats landed their passengers in Lafayette to evade it.

In 1843, the Third Municipality is credited with \$3996; and the St. Andrews' Society with a donation of \$333. Lafayette is reported as owing the Hospital \$1049; the Second Municipality as owing it \$2147; a note of Bron's for \$2670 is reported on hand; and \$24,600 of the Girod Estate is reported as "tied up in law," and unavailable.

In 1848, the Girod Estate is credited with \$1316; balls, &c. with \$2245; gate money with \$1089; pay-patients with \$10,450; gamblers with \$2000.

In 1849, the Report gives credit for slaves sold, \$1925; for a legacy by Francis M. Cardle of St. Louis, \$800; for donations by the Benevolent Association of Tailors \$500, and by Lafayette \$386. The cost per patient this year was \$4.26.

The average total annual disbursements, from 1844 to 1853 inclusive was \$65,149; the annual average of admissions 11,485. The deaths in 1853, were, as we have seen, 3164—or an average, the year round, of nearly nine a day! It was a season of terrible epidemic yellow fever, of which 1890 died in the Institution.

In the Report for 1856, the Administrators state that while the tax upon foreign immigrants had in 1854 produced upwards of \$71,000, it had decreased in 1855 to \$41,000, and in 1856, to \$28,424;—that the income from court fines had been altogether cut off;—and that the precarious character of the tax on balls and concerts had been shown by its having been temporarily stopped by an injunction prohibiting them. The buildings were reported sadly out of repair, and important appliances were said to be peremptorily required. Among the receipts credited that year was \$4000 on account of the legacy of James E. North.

In 1857 a legacy of \$400 from Francoise Grima is credited.

In 1858, the Administrators were compelled to borrow \$5000 to carry on the Institution, and the Hospital was besides in debt to the amount of \$16,000. The salaries of officers and attorney that year amounted to \$10,790; and the wages of nurses and employés to \$5,633.

In 1859, the Administrators gave credit for a legacy of \$440 by Wm. Greer.

In 1860, the debts of the Hospital are reported at upwards of \$31,000. Another installment of \$200 on the legacy of James E. North is credited, with a balance reported due of \$800. Among the property of the Hospital is reported one negro man (Andrew.)

For 1861, we have a published Report for only ten months, from January 1st to November 1st. The passenger tax gave only \$775; balls, &c. \$155; pay-patients \$4880; gate money \$1815. The State appropriation was \$56,250. The expenses were \$78,340.

The figures given in the second table for 1862, are for the year from the 1st of November, 1861, to the 1st of November, 1862. And from this date to the 1st of January, 1864, there is no accessible report.

In 1864, the income of the Hospital was \$300,579, and its expenses \$28,458. In addition to this, the U. S. government contributed \$35,033 worth of supplies towards the support of the Institution. The passenger tax this year produced only \$794; balls, &c. \$6253; pay-patients \$1843; gate money \$888. Gov. Shepley is credited with \$1280; Hon. M. Hahn with \$11,297; the Collector of the port with \$7294; Estate of Mrs. F. A. Williams with a legacy of \$15,000. In 1872 a legacy of \$500 by Nancy Davenport was credited.

The most munificent bequests made to the Institution were one of the value of \$35,000 by that second Almonaster, Julien Poydras, a brave French huguenot, who was president of the first Council of the Territory after its accession; and another by Stephen Henderson of about the same value. Another large one ought to have been received from the Girod Estate; but the condition of that has already been indicated. Others will be found to have been recorded in notes from Annual Reports. As samples of minor donations may be mentioned 25 barrels of bisenits from Cincinnati, and \$50 from the N. O. Shamrock Benevolent Association. The legislature of Pennsylvania in 1831 voted a grant of \$10,000 in aid of the Institution; but no other State has nor has any foreign community, ever contributed towards the establishment or maintenance of so noble an Institution, of which their people constitute the vast majority of beneficiaries. As may be seen circumstantially detailed in the Report of 1873, Mrs Cora Livingston Barton, only daughter of the famous Edward Livingston, has bequeathed to the Hospital a legacy of six thousand dollars, which will become payable on the decease of Carleton Hunt.

Esq., of this city, and of his sister, Julia Barton Hunt. The receipts from many of the sources on which the Hospital has from time to time been made to depend for its revenues were very trifling, and have caused not a little litigation. The majority of them have been withdrawn or abandoned as practically unavailable. At one time, each theatre was required to give four representations a year for the benefit of the Hospital. In 1823, the legislature had authorized the establishment of six gaming-houses, to be taxed five thousand dollars each, for the benefit of the CHARITY HOSPITAL and the College of Orleans. The yellow fever had committed great ravages in the previous year, as it also did in the following one, 1824, and again in 1827. In 1832, over five thousand died of cholera. In 1838, each theatre was taxed \$500; each circus, \$150; each menagerie, \$50; each show, \$25; for the benefit of the Hospital. And these provisions and rates were varied from time to time. The Managers of the Hospital; but not only did these never benefit the Hospital; on at least one occasion the Manager brought the Hospital in debt for his "benefit!" And a perhaps worse case than this will be found noted in the Report of the Board of Administrators which this sketch accompanies. A performance is there stated to have been given during the past year, expressly and explicitly announced to be "for the benefit of the CHARITY HOSPITAL, and to have netted some hundreds of dollars, not one cent of which has reached the Institution! It is, indeed, lamentable to have such facts as these to record.

Among the unrealized and unrealizable assets of the Institution recorded are some "notes of hand" given in payment of these taxes; others were contested in courts of law; yet others were of necessity relieved by the Administrators; and so forth. In 1842, the records show that one Isaac Baker, who had been arrested and fined as a gambler, addressed petitions to the Administrators from the calaboose and the parish prison, praying them to release him from the fine and the imprisonment consequent on non-payment of it. These laws were subsequently repealed. In 1843, the tax on foreign cabin passengers was \$1, on steerage passengers, \$2; on U. S. passengers from beyond Louisiana, fifty cents. These were afterwards changed respectively to \$3, \$2, (this amount being also charged for U. S. cabin passengers), and fifty cents. Not only was this tax resisted and contested in the courts, but the courts ultimately pronounced unconstitutional the requirement of the law that captains should collect the passenger fees and be made responsible for them. It is no wonder that, finally, the tax was no longer held fit to be devoted as a revenue to the CHARITY HOSPITAL.

The professional administration of the Hospital has of course varied with its status. At present, there are a resident house-surgeon, an assistant surgeon, thirteen resident students, seven visiting surgeons, nine visiting physicians, an apothecary, and an assistant apothecary. The general management of the Institution is committed to about twenty-five sisters of charity, and a number of nurses varying with the number of patients in the house, on the general basis of one to each ward. A clerk, an assistant clerk, an engineer, a plumber, a carpenter, and a gate-keeper are other employés. The affairs of the Institution are controlled by a Board of eight Administrators of whom the Governor is *virtute officii*, President, though the Vice-President elected by the Board from among themselves, generally presides. The house-

surgeon has always been chosen from among the ablest members of the members of the profession, and the office is always eagerly sought for.—Dr. John Hoffman Harrison, Dr. Warren Stone, Dr. Thomas Hunt, Dr. John C. P. Wedderstrandt, Dr. Samuel Choppin, and Dr. Andrew W. Smyth, who have filled that position, may be selected without invidiousness toward other able surgeons, as members of the faculty who have done it high honor, and whose names will hold an enviable position in biographical records as long as professional ability and worth are held in esteem in the community in which they were exerted. In early days of the Institution, visiting surgeons were paid the sorry stipend of fifty dollars a month. Now, neither visiting surgeons nor visiting physicians are paid at all, although in 1871, they were paid \$600 a year each as they had been in 1839. In 1840 and 1841, Dr. Luzenberg, one of the Administrators, offered a resolution abolishing this payment, but it was rejected. In 1839, the practice of treating out-door patients was ordered to be discontinued; but it was subsequently revived. In 1840, in consequence of the financial condition of the Institution and some complaints against resident students, it was resolved after a motion to dispense altogether with them had been rejected, that their number should be reduced to three. In 1843, a fourth was added. Later in the same year it was resolved that there should be six resident students—three beneficiary, and three to pay \$200 a year each; but this was soon found to be impracticable, and the requiring of students to pay was abandoned. In 1841 occurred one of those mistakes which shock a community from time to time in the administration of medicine. One of the visiting physicians, not from incompetency, the Board decided, but from absence of mind, unfortunately prescribed for a patient, twenty grains of sulphate of morphia—forty or fifty times the proper dose of that powerful narcotic. In 1848, the anaesthetic introduced by W. T. Morton, and by him called "Letheon," was first used in the Hospital by his permission. In 1864, Dr. Andrew W. Smyth, successfully performed the operation of tying the *innominata*, the vertebral, and other arteries for the cure subclavian aneurism, based upon which unique case he published the very valuable monogram, "On the Collateral Circulation in Aneurism," which the Board of Administrators have with judicious consideration directed to be incorporated in this their Annual Report. It deserves special efforts to put it on permanent record; and nowhere could they be at present more appropriately made, than in the pages of the legislative archives devoted to the affairs of the CHARITY HOSPITAL, in which the operation was performed, and to the advantage of future inmates of which it is hoped it may contribute to a very important extent. Resident students are examined before admission, being required to possess such an amount of knowledge as will enable them to assist the house-surgeon and visiting surgeons and physicians in the performance of their professional duties. They are elected by the Board, and generally remain in the house for two years. Their advantages for acquiring a knowledge of their profession are not to be surpassed. Under numbers of the ablest practitioners and teachers in the world, they have every opportunity to study every known disease, in all its stages, and in all phases. Under late provisions those passing their term satisfactorily are competent to receive diplomas recognizing the fact. Some of those who have been resident students,—among them Dr. Smyth, the present House-Surgeon,—rank with the most famous and honored members of

the profession on the continent. It may be worthy of note, that with the exception of Dr. Choppin and Dr. Ernest Lewis, Dr. Smyth is the only original graduate of the Medical College of Louisiana, who has ever been elected to the office of house-surgeon of the Charity Hospital.

Among the anecdotes worthy of record, we find one which illustrates the well-known kindness of heart of the late Dr. Stone, who, alas! too soon followed his most eminent predecessor, Dr. Thomas Hunt, to be followed himself in a short time by their no less able and estimable life-long collaborateur, Dr. James Jones. In 1843, when the Board resolved on requiring payment from resident students, one worthy gentleman, Mr. Davis, found himself unable to meet the demand, and was therefore about to be removed, when Dr. Stone came to his aid, and requested the Board to draw out of his salary then due to him, Mr. Davis's fee of \$200. Several events much to be regretted have occurred; among them two cases of shooting by a house-surgeon—now deceased;—in one at two resident students, neither of whom, however, was hurt, in the other at a distinguished surgeon, who was seriously wounded, but happily recovered, and still lives much honored and appreciated. On the 24th of March, 1842, the former Treasurer, Mr. Relf, was reported a defaulter to the amount of \$10,000; but, after various attempts at arrangement or settlement, his property was seized and sold to secure as much of the amount as it would realize. In the same year a patient killed himself by jumping out of a window. Within the past two or three years, an apothecary has been criminally proceeded against on a charge of purloining drugs, &c., from the Institution.

The domestic fittings of the CHARITY HOSPITAL are such as cannot but command admiring approval from the observing visitor. The kitchen—large, airy, immaculately clean,—is fitted with a magnificent range, of the manufacture of Bramhall, Deane & Co., of New York, at a cost of some two thousand dollars. The apparatus does all the cooking for the seven hundred or a thousand inmates of the Institution, and keeps a constant supply of hot water for kitchen use and similar purposes, at so low a cost that from actual experiment and practice, sixty cents a day has been estimated as an average. The laundry department is equally ingenious, efficient and economical. Attached to it there is a Shaker washing machine, some eighteen or twenty feet in length, by about four in breath, which was put up by a carpenter of this city. In it there are five compartments, the capacity of each of which is equal to about that of the largest sized ordinary washing-tub, the length of the whole of these being about fourteen feet; the four or five feet more of the length of the machine contains the shaft, fly-wheel, and other engineering appliances directly working the apparatus that acts simultaneously upon the clothes in the hot soap-suds contained in all the compartments. By the word "clothes", of course bed-clothes, table-linen, &c., are intended to be understood, as well as wearing apparel. After being here washed, the clothes,—certain finer articles being first passed by hand through bluing' tubs,—are put into a machine adjacent, called a wringer, but which would be better named a centrifugal drier. Those who have seen a centrifugal sugar-clarifying machine, or who understand its principles, will need to be told little more than that this drier is a simple adaptation of that machine to this purpose. The clothes are placed evenly in a hemispherical, wire, basket-like vessel, some four feet in diameter, which is surrounded by a thick iron casing.

The basket containing the wringing-wet or dripping-wet clothes, is turned by attached steam machinery, with great velocity: this forces the clothes tightly against the wire walls of the basket; the water is thus expelled from them through the meshes into the space between the basket and the casing, whence it runs off by pipes: in about a minute the clothes are nearly dry—barely damp. There is no name on this machine, to indicate either its original purpose or its maker. It is stated that it was imported from Boston for a wool-washing machine, but was either found not to answer or not understood, and being put up for sale, was purchased for adaptation to its present purposes. If our brief description has affected our object, it will be seen that as a drier it answers admirably. There is no wringing or other action by which the clothes can be injured either by direct tearing, or by buttons or other attachments being wrested from them, forced through them, spoiled or broken. From this centrifugal drier the clothes pass to the drying room. This is divided into two compartments of nearly equal size:—one open and vacant, with the exception of six thick iron rods, about two feet apart, crossing it on the floor, and as many over them at a height of about nine feet; the other containing two contiguous divisions tightly closed in every direction. Around the lower part of the walls of these divisions run steam pipes which keep them heated, when closed, to about 140° F. In each of them are continuations of the rods seen in the open compartment, and three horses some eight feet high, on which the clothes are hung for final drying, which is accomplished in a time varying somewhat with the texture of the articles and the state of the atmosphere, but averaging perhaps an hour. To hang the clothes on the horses, these are run out at convenience, on the rods just noticed, into the open compartment. Each horse has attached to its inner end a door which tightly closes behind it the division out of which it has been drawn, and so prevents the escape of heat therefrom, while it is being laden for its return with clothes to be dried. The drying accomplished, two mangles worked by steam finish the preparation of much of the clothes for use. Other processes call for no special notice.

Another arrangement for improving the advantages of the Institution, by contributing to the requirements and comfort of the patients and other inmates, deserves notice. It is one by which steam is made not only to maintain a given temperature of atmosphere for various purposes, but also to supply the whole Institution with hot water. How important a point is thus gained can scarcely need illustration. It is effected in what now appears a very simple manner, although previous efforts to accomplish it were unmitigated failures. In the first place, cold water is pumped up to the roof, for distribution thence throughout the hospital; a portion of this is sent to a large cistern standing on the back gallery of the uppermost story of the eastern wing of the building: from the engine room passes some four hundred feet of piping, through which steam is conveyed to and through this cistern, heating the water it contains; and this is carried thence all over the Institution.

The engine room contains three engines which furnish the power to carry on all these operations. They are small, neat, compact, and of excellent finish. The only peculiarity about them, suggesting notice here, is that a

Huntoon governor admirably regulates the velocity with which that subjected to the greatest variation in the amount of power, performs its work. Automatically—without the cognizance, much less the interference of the engineer,—that velocity is maintained at the fixed rate, alike when the power required and exerted is at the minimum, at the medium, or at the maximum, or changed from one to the other.

Much of the excellence of these arrangements is undoubtedly due to the love and study of physics, and to the mechanical genius and experience of Dr. Smyth. The Administrators in their report for 1871, also award well-merited credit to the honorable J. R. Beckwith, one of their body, for having achieved success in the effort to supply the Institution with hot water. It is pleasing to have to record such acknowledgments.

The laws respecting the CHARITY HOSPITAL appear to be covered by the provisions of Article 3390, Revised Statutes, which repeal not only all laws or parts of laws contrary to or in conflict with Act 50 of 1870, but also "all laws or parts of laws on the same subject matter," with the exception of such as are contained in the Civil Code, the Code of Practice, and the "Act for the punishment of crimes and misdemeanors, approved May 4th, 1805." This would leave in effect only sections 380 to 410 inclusive of the Revised Statutes. Their enactments are to the following general purport:—

1. The governor is yearly to appoint a Board, himself further being president, of eight Administrators, none of whom shall hold any office of emolument in the institution. They are to have a seal, elect a vice-president, and have full powers, under existing laws, in the conduct of the Hospital, making by-laws, electing officers, &c., except, first, as to selling its real estate, and secondly, as to the employment of its funds otherwise than for the use of the patients. They are to meet regularly the first monthly Monday, four to form a quorum. They may declare vacant the seat of any member absent from three consecutive meetings, and fill all vacancies. Two members are to be appointed by the Board to visit the Hospital at least twice a week. The Board are to elect a Treasurer, who is to give bond to their satisfaction, and to recover all sums due to the Hospital, to keep account of its property &c., receipts and expenditures. A register of patients is to be kept by the Clerk with full particulars as to names, residences, ages, nationalities, diseases, and events of treatment. An annual report of Hospital affairs is to be made to the legislature by the Board.

2.—The Medical Department of the University is to have access to the CHARITY HOSPITAL. [The CHARITY HOSPITAL Medical College was also accorded this privilege by the Act No. 47 of 1876.]

3.—No contract, debt, or liability is to be made by the Administrators unless provided for by legislative appropriation or by other revenues of the Hospital. Contracts for work on the Hospital are to be advertised for one month in two newspapers, offered in sealed proposals, and awarded to the lowest solvent bidder, under bond for due execution. No Administrator or officer is to be connected with any contract.

4.—Towards the support of the Hospital, every public ball or concert is to pay \$10; theatre, annually, \$100; circus, \$150; menagerie, \$50; show, \$25; to be collected by the Mayor, under penalty of the City being made responsible.

Theatre managers are further to give the net proceeds of one performance yearly, under penalty of \$500. The Board of Health is to pay over to the Hospital all surplus funds beyond \$1000, remaining on hand on the 1st of January each year. Persons summoned in New Orleans on a Coroner's jury and not attending are to pay a fine of \$25. Telegraph offices improperly revealing, neglecting to send, or giving undue preference over, messages paid for, are to pay one half of a fine of not less than \$.0 or more than \$2000. Notaries neglecting to record deeds within 48 hours after execution are to pay a fine of \$500. Masters of vessels employing other than duly licensed pilots are to pay one half of a fine of \$100. Pilots boarding vessels in other than pilot boats are to pay a fine of \$1000. Officers in New Orleans collecting higher fees than allowed by the Act of 1861, p. 156, are to pay a fine of not less than \$100, or more than \$250. [Act 102 of 1871, Section 3, provides for the payment of seventy-five per cent. of a fine of not less than \$25 or more than \$100, for not filling up vaults.]

The receipts derived from these sources, however, amount to scarcely anything. Under various pleas, evasions, and forms of resistance, the tax on balls and concerts is reduced to all but nothing beyond the cost of collection. Theatre-managers still, whenever they do give a benefit as the law requires, generally represent the receipts as exceeding the expenses. Such an event as the Board of Health having a surplus for the Hospital has, it would seem, been heard of but once, viz., in 1859, in the Annual Report of the Administrators of the CHARITY HOSPITAL for which year, the Treasurer credits the Board of Health with \$5000. The provisions of sections 407-410 of the Revised Statutes could not be surpassed as delusory nullities.

This historical sketch is drawn up in the hope that it may so illustrate and support the claims which the CHARITY HOSPITAL has upon the authorities and the community generally, as to induce the legislature to give the fullest weight to the calls which the Board of Administrators make upon it for necessary appropriations, and for the providing for the maintenance of the institution in future by a specific and sufficient tax. The body of the Report of the Board itself affords as conclusive evidence of the justice and necessity of those calls, as it is possible for plain statistical statements to give. May this subsidiary effort aid in procuring for them the full effect to which they are entitled.

A tablet of black marble on the South wall at the entrance of the right wing from the front hall of the building, suggests an appropriate close to the subject.

It bears the following record respecting the principal benefactors of the institution:—

THE
CHARITY HOSPITAL

—OF—

LOUISIANA,

Was Founded in the Year 1786.

—BY—

DON ANDRES ALMONASTER Y ROXAS,

To whose generous endowment, the munificence of the Legislature of
this State, and the liberality of the

STATE OF PENNSYLVANIA,

The community is indebted for the means of erecting this edifice, built in the year

MDCCXXXII.

His excellency A. B. Roman, being Governor and Ex-Officio President
of the Institution.

To record which and inscribe hereon the names and contributions of its distinguished benefactors,

THIS TABLET HAS BEEN ERECTED.

Etienne Boré,	-	-	\$1,000
Robert Cune,	-	-	1,000
Julien Poydras,			
Real Estate Estimated,			\$35,000
Stephen Henderson,			
Cotton Presses Estim'd,			\$45,000
Nancy Davenport,	-	-	500

NEW AND SUCCESSFUL OPERATIONS

IN RIGHT SUBCLAVIAN ANEURISM

WITH ORIGINAL VIEWS

ON THE IMPORTANCE OF THE COLLATERAL CIRCOULATION.

BY ANDREW W. SMYTH, M. D.

The patient, William Banks, upon whom were performed the operations mentioned in this report and forming the subject of this article, was admitted into the CHARITY HOSPITAL, New Orleans, on the 9th of May, 1864, with aneurism of the right subclavian artery. He was a native of New Orleans, aged thirty-two years, a mulatto, rather below the medium height and weight, and had been employed as steward on board of a steamship.

The tumor had reached the size of a small orange, had existed four months, and was situated in the posterior inferior triangle of the neck. It pulsated strongly, and was very painful. The man had strained his arm severely in the month of February, in efforts to save himself from drowning in a collision at sea. This over-exertion was no doubt the cause of the aneurism.

On the 15th of May, with the assistance of Doctors Holliday and Boyer, and Surgeons Bacon and Orton, of the United States Army, a ligature was placed on the innominate artery, a quarter of an inch below its bifurcation; and at the suggestion of Dr. D. L. Rogers, of New York, who was present, a ligature was also tied on the carotid artery, an inch above its origin.

The temperature of the arm became increased; but, except slight fever, no other disturbance was noticed.

In forty-eight hours slight pulsation was discovered at the wrist. On the 28th of May, the ligature came away from the carotid artery; and on the 29th, fourteen days after the operation, a severe hemorrhage occurred, causing syncope, and ceasing of itself. About sixteen ounces of blood was supposed to have been lost.

Slight hemorrhage took place on the two following days: and on the 1st of June, I filled the wound with fine shot, (No. 9), covered the shot with some lint, and, as the patient was very quiet and not disposed to move, I placed a small paper weight on the lint to increase the pressure.

On the same day, after the introduction of the shot, the ligature, on slight pulling, came away from the innominate artery. I was desirous of having it away, thinking that the shot by its pressure might the sooner bring about occlusion of the artery.

On the 17th of June a portion of the shot was taken out. Hemorrhage returned a few hours afterwards, when the shot was immediately replaced.

Slight bleeding, however, occurred at intervals of two and fifteen days; and on the night of July 5th, a terrific hemorrhage took place, exceeding in quantity the first, on the 29th of May. The bleeding ceased as in the first instance, from syncope.

I had come to the conclusion at this time that the vertebral branch of the subclavian was carrying on the collateral circulation. Prof. Erichsen in his work (*The Science and Art of Surgery*) says: "I think that the presence of a collateral branch in close proximity to the distal side of the ligature, more especially if it be one that serves to carry on the anastomosing circulation, will be found to have a decided tendency in preventing the occlusion of the distal end of the artery, and will thus act in favoring the occurrence of the secondary hemorrhage." The peculiar character of the hemorrhage, the sudden syncope and arrest of the bleeding, and its repeated occurrence in the fatal cases of this operation, could all be accounted for by this retrograde current through the vertebral,—the hemorrhage coming directly from the brain.

Having satisfied myself by repeated attempts on the subject, that the vertebral artery could be ligated just before it enters the foramen in the transverse process of the sixth cervical vertebra, through an incision made along the outer edge of the sterno-mastoid muscle, and the aneurism having diminished enough in size to permit of this operation, I determined to try it; and on July 8th, with the assistance of Dr. P. C. Boyer, a ligature was placed on the vertebral artery.

The circulation in the arm was very much diminished by this operation, all pulsation ceased, coldness and œdema supervened, and for several days the safety of the arm was endangered.

On July 9th all the shot was removed from the wound with a pair of curved dressing forceps, and weighed two ounces and a half. The shot had remained in the wound thirty-eight days.

No further hemorrhage took place. The ligature came away from the vertebral artery on the tenth day, and on the 15th of September the wounds had healed, and the patient was considered cured. Some paralysis of the extensor muscles of the fingers of the right hand remained, the consequence of the pressure from the weight of the arm on the musculo-spiral nerve during the long confinement to bed.

After the patient left the Hospital he resumed his employment of steam-boating, and for this reason came only occasionally under observation.

He was exhibited at a meeting of the American Medical Association in New Orleans, on the 6th of May, 1839, and then no vestige of the aneurism remained. Naturally enough, no great interest was manifested in the case. There was nothing to be seen but the scars left from the operations. The use of shot to prevent hemorrhage and the ligation of the vertebral artery were original procedures in surgery. The conclusion to which the members came, that the operations never had been performed at all was perhaps not to be wondered at. The operator was unknown. I stated in the meeting that the ligation of the vertebral artery, to arrest collateral secondary hemorrhage from the distal end of the ligated innominate artery, was a procedure entirely new in surgery; but this only made the matter worse to those who had had no experience upon the point, and had bestowed no attention upon it, and there-

fore could not possibly know anything about it. It was only the more incomprehensible to them. The surgeons of New Orleans believed it, for the character of the gentlemen present at the operation was known to them. The late Prof. Valentine Mott received a minute account of the operation from his friend Doctor Rogers, and gave full credit to it. Prof. Erichsen noticed the case in his work on surgery; and I received a letter from Sir William Ferguson, acknowledging it. The tying of the vertebral artery was to these gentlemen a satisfactory explanation of the success of the operation.

Shortly after this time, Banks took up his residence in Galveston, Texas, and was lost sight of for some years. He wrote me in June, 1874, that the tumor had returned in his neck and was causing him some pain. I requested him to come to New Orleans at once, but he did not come until September, when I was surprised to find that the aneurism was considerably larger than at the time of the original operation. It did not pain him much, no doubt from its slow growth. He said that he had noticed that the tumor had been returning for about a year. Pulsation was perceptible, but not strong. The fingers applied over the tumor were seen to be elevated with each arterial pulsation. The tumor was tense, globular in shape, with distinct boundary. It occupied the original site, filling the posterior inferior triangle of the neck.

Repeated careful examinations principally directed to the cardiac side of the tumor failed to reveal any pulsating artery communicating with it; and believing that a single branch of the subclavian was carrying on the collateral circulation, and that this branch was on the cardiac side, I considered the internal mammary the one most likely to be carrying the retrograde current, from its free anastomosis with the deep epigastric. It might possibly have been the superior intercostal, but this I could not reach. I therefore determined to ligate the internal mammary artery, and on October 5th the patient was again admitted into the Hospital, and the same day, with the assistance of Drs. Boyer and Souchon, a ligature was tied on the artery in the third intercostal space.

The artery was small, and when exposed with the ligature round it, no pulsation could be detected in either direction.

The patient recovered quickly from this operation, and left the Hospital on the 10th of November. He complained a good deal of pain, caused by cutting the intercostal muscles, and said the operation was the most painful he had undergone. Some improvement was thought to have taken place in the tumor. This, I think, was entirely owing to rest. A small abscess formed under the clavicle; this was punctured with a trocar, and the contents were drawn off twice; an incision was made into it, and a tent put in, which caused it to disappear.

He now insisted on returning to Galveston, declaring that he was easier and believed he would get well. He did not come back until March 29th, 1875, and then it was the return of the abscess that induced him to do so. He would not let it be opened in Galveston, and it had become quite large and prominent under the clavicle. No change seemingly had taken place in the aneurism. I drew off the contents of the abscess with a fine trocar. The pus was mixed with blood of a dark color. He promised to return the next day, but did not do so. The day after, I was informed he was much worse, and I ordered him to be brought back to the Hospital. On his admission I found

that the aneurism had ruptured into the cavity of the abscess, and had become diffused.

On the following day the arm was swollen and painful, with great tension about the shoulder, extending below the clavicle. I determined on one more effort; and with the approval and assistance of Prof. T. G. Richardson of the University of Louisiana, the patient having been placed under chloroform, I laid open the sac of the aneurism by a free and deep incision; scooped out the clots of blood as quickly as possible, hoping to be able to reach the mouth of the vessel supplying the sac; but not knowing the direction of the current, and the hemorrhage being very great, I was compelled to give up the search, and to arrest the bleeding by stuffing the sac with lint. The patient became pulseless for a time, but reacted. Some hemorrhage, not to any great extent, took place two days afterwards; but he rapidly failed in strength and spirits, and soon betraying utter discouragement and prostration, finally died on the 6th of April, 1875, within thirty-three days of eleven years after his original entrance into the Hospital.

A few hours after death about half a gallon of solution of chloride of zinc was injected into the right femoral artery; and on the following day, the lint having been removed from the sac of the aneurism, the opening was carefully stitched up, and a compress of lint secured by a bandage placed over it. A quantity of melted cacao butter, colored with carmine, was now injected into the same artery, enough to well distend the whole arterial system. Two days afterwards the body was given to Dr. Edmond Souchon, Demonstrator of Anatomy, University of Louisiana, who kindly undertook the dissection, and furnished me with the following account of the autopsy:—

"The body, not all emaciated, was in a good state of preservation, with rather too much adipose tissue for a clean dissection; and the arteries, with all apparently well distended by the injected material. No perceptible difference existed between the lateral halves of the body. The right arm was as muscular as the left.

"Upon exposing and clearing the parts at the root of the neck, and opening the thorax, the arch of the aorta, well injected, was found to be perfectly normal. The innominate artery was injected to the point of ligation, less than an inch from its origin, where it suddenly became reduced to a bundle of tough fibrous tissue, in which could be traced the origin of the common carotid and subclavian arteries. The carotid arising from this fibrous tissue was occluded, and continued so up to the bifurcation, growing larger as it approached this point. It was cut into, and no evidence of channel could be found. The fork of the carotid was well distended with the injection. The external carotid and all its branches were also well filled, and so was the internal carotid.

"The subclavian was impervious from its origin to within a fourth of an inch of the thyroid axis. The thyroid axis and its branches were all pervious and seemed not above the ordinary size. They were not well distended by the injected material. The subclavian from the thyroid axis to the aneurismal sac, into which it opened, was rather under the ordinary size.

"The vertebral artery originated from the subclavian as a white fibrous cord of small size, which became reduced at the point of ligation to a membranous tissue; from this point up, it increased in size and became to a membrane at the fourth cervical vertebra. It continued of small size into the cavity of the skull, where it was smaller than its fellow of the opposite side. The posterior communicating arteries were larger than usual, and the anterior cerebrals were freely connected by three short and large anterior communicating arteries.

"The arteries in the brain were all well injected.

"The internal mammary artery was slightly distended from its origin down to the first intercostal space. From this point it became impervious to some distance beyond the point of ligation, where it again became pervious, but of small size. The right epigastric was not any larger than the left.

"The superior intercostal was well distended with the injection, and seemed to be somewhat above the ordinary size; no anastomosing branches from it could be found communicating with the *princeps cervicis* behind. The *princeps cervicis* itself presented nothing noticeable.

"On continuing the dissection to the distal side of the sac, the first artery that attracted attention was the subscapular, with its branches to the great dorsal and great serrate muscles.

"These branches were numerous, were well distended by the injection, were as large as crow quills, and very tortuous in their course downwards. Seven of these branches communicated directly with a similar number of perforating branches from the aortic intercostals. These branches ran into each other, of full size, without the interposition of any plexus. The *dorsalis scapulae* and the other branches of the subscapular and axillary arteries were not very well distended. They were traced far enough to show that there were no anastomoses of any consequence, either with the posterior or superior scapular arteries. The trunk of the subscapular was not well distended, and seemed not to be above the natural size. The axillary artery below the origin of the subscapular, was better distended, and ran as usual into the humeral, which was well injected. This artery divided, about the junction of the upper with the middle third of the arm, into two branches which ran down along and under the median nerve to the elbow, one forming the radial and the other the ulnar artery. The profunda was exposed and presented nothing remarkable.

"The upper portion of the axillary, extending from the origin of the subscapular to the aneurismal sac, was not well distended, and seemed to be rather under than over the ordinary calibre. It was thoroughly pervious, as shown by passing a probe into it from the sac. It opened into the bottom of the sac by an oval round-edged opening, apparently not quite as large as the size of the artery. The distance between this opening in the sac and that of the subclavian on the cardiac side was about an inch. The ruptured and everted artery, with its internal coat quite distinct, extended along this distance on the bottom of the sac, recognized by its yellowish color and smooth surface. It was firmly attached to the deep parts. This internal coat of the artery did not extend upwards on the inner surface of the sac. The subclavian artery opened into the sac about a quarter of an inch from the origin of the superior intercostal artery.

"The base of the aneurism occupied the whole of the posterior triangle of the neck, encroaching upon the surrounding regions, pressing against the *trapezius* muscle behind and the sternomastoid on the inner side. In front the tumour had caused absorption of the greater portion of the clavicle—bending this bone outwards. The roof or superficial covering of the sac had been opened during life.

"From the large size of the anastomotic branches of the subscapular and the perforating branches of the aortic intercostals, it is evident that the blood had circulated in this way,—from the aortic intercostals up through the subscapular into the upper portion of the axillary, and into the aneurism,—supplying it by a retrograde current: and from the absence of anastomotic communications with the branches of the subclavian on the cardiac side of the aneurism, and from their comparatively small size, these arteries evidently carried on the retrograde circulation from the aneurism through the subclavian artery." *

* Dr. J. J. Castellanos, Lecturer on Principles of Surgery in the Charity Hospital School of Medicine, very kindly made drawings of the arteries in the base of the brain, and in the neck, with the anastomosing arteries communicating with the aneurism; in illustration of important points in this case. The change in the direction of the right vertebral artery is prominent among these. I should like to have published the drawings with this report, but could scarcely do it satisfactorily here in New Orleans.

The anatomical preparation preserved from the case remains in the care of Dr. Sonchon.

This report of Dr. Souchon's was written two years ago, and might have been published at that time. I made some delay, which may have appeared longer than was absolutely necessary, in order to enable me to give such explanations as might occur from a full and careful consideration and study of the case.

If I am correct, however, in the conclusions at which I have arrived, and which I am now prepared to state, the time taken will not, I think, be pronounced wholly lost.

The subject of aneurism is very different to me now from what it had been. The rationale of the cure of the disease, and the action of the various methods adopted to bring about a cure, are more comprehensible to me. In fact, although I had cured many aneurisms, I never knew exactly until now how they were effected. I have learned more from failure than from success, and better understand much that I had read and seen in the past. Before entering upon this subject, however, I think it of importance to give some particulars of the case not yet stated, or not as fully stated, as the reader may desire.

The exact time of the return of the aneurism is uncertain. Banks stated on his coming to New Orleans in September, 1874, that the tumor had commenced returning about a year previous to that time. Some swelling and pulsation had existed, however, even before this returning was acknowledged; for Prof. Paul F. Eve, of Nashville, Tenn., called my attention to a notice of an examination of Banks previously made in Galveston by a Surgeon of the United States Army, and mentioned in a report to the Surgeon-General. I cannot now turn to this report, but it was of much earlier date than the time given by Banks as that of the returning of the aneurism. The writer stated that slight pulsation existed in the sac of the aneurism, which, however, he did not then consider of any immediate import.

It may appear strange to the reader that the supply of blood to the aneurism through the subscapular artery was not discovered during life; but there is an explanation for this. The patient, during the time of his recovery from ligation of the internal mammary artery, was examined by many professional gentlemen,—by all the leading surgeons of New Orleans, and by other visitors, among whom I may mention Dr. Robert McDonnell, of Dublin, then present in our city. I consider that the frequent examinations during these visits caused the abscess that indirectly led to his death. Yet none of those who examined him suspected the source of supply.

From the time the vertebral artery was tied on July 8th, 1864, no pulsation ever reappeared in either the axillary or the brachial artery. They seemed to be occluded; and yet slight pulsation existed at the wrist. They continuations of these arteries. Compressing them to arrest the pulsation at the wrist was never tried; and the total absence of pulsation in the lower end of the axillary and in the brachial arteries, created a very strong impression that the supply of blood did not come in this distal direction. I think it probable that preconceived correct opinions on the course of the circulation were sometimes changed after an examination.

The circulation of blood to the arm was very peculiar. The subscapular, from the direction of its origin, ran up in a nearly straight course to the aneurism; and the retrograde current through it, during the heart's contrac-

tion, went into the sac. Immediately afterwards, a direct current from the aneurism returned through the axillary and brachial, supplying the arm, but without any perceptible pulsation in these arteries. The supply, however, was abundant; for the right arm was as strong and muscular as the left. That portion of the axillary artery extending from the origin of the subscapular to the aneurism was carrying a double current, that is, a to and fro current. It may be better understood by saying that a systolic retrograde current to the aneurism, and a diastolic direct current to the arm, circulated through it.

I noticed during the dissection, that the elevation of the arm to a right angle with the body changed the direction of the trunk of the subscapular artery and would have reversed this circulation. With the arm elevated, the retrograde current from the subscapular would have gone directly to the arm, and a return retrograde current would have supplied the aneurism. This simple experiment would not only have revealed the source of the circulation; but would also have shown an easy way to lessen the circulation in the aneurism.

It is stated in Dr. Souchon's report that several arteries were not well distended by the injected material; and it is well, in order to prevent any wrong conjectures being made from this condition of the arteries, to explain that the injection was forced out by the compress and bandage applied over the opening in the sac. The arteries were well distended at the time of the injection, but the pressure of the bandage afterwards, while the material remained fluid, pressed some of it out. This will make it clear why the continuations of some arteries were well injected and their trunks not.

The autopsy shows nothing very remarkable except the peculiar circulation which reproduced the aneurism as mentioned in the report.

The aneurism was reformed on a retrograde current, circulating towards the heart; and I know of no previous case in which an aneurism was ever reproduced in this way.

In the application of a ligature for the cure of aneurism, we always endeavor, if possible, to throw the collateral circulation beyond the tumor; and if successful in this a cure almost always results. It did not result in a cure, however, in the present case; and to understand fully the reasons for this exception, it becomes necessary to take into consideration the action of the collateral circulation in the cure of aneurism. This has never yet been done; but I am satisfied it is a most important agent, not alone in carrying on the cure about,

It will aid us very much in this undertaking to begin by considering what a collateral circulation is,—how it is carried on,—and the conditions which must accompany its establishment.

A collateral circulation is a circulation around an obstruction to the direct current of blood through an artery. More accurately defined, it is a retrograde circulation through a branch, from its anastomotic communications, into an artery, beyond an obstruction to the direct current through that artery.

The collateral circulation is always carried on through a single branch into an artery beyond an obstruction to the direct current through it; and

but a single branch carries on the retrograde circulation into an artery on the distal side of an aneurism after it is cured. It was my belief in this fact that induced me to tie the internal mammary artery; and the *post mortem* shows that I was right in theory, but that I should have ligated the subscapular instead of the internal mammary.

When a collateral circulation takes place in consequence of an obstruction to the direct circulation in an artery, the direct current must cease at the point of obstruction, the instant the collateral circulation becomes established. The direct circulation impinges on the obstruction on the proximal side, and the collateral circulation impinges on it from the distal side.

To those who have hitherto believed that a collateral circulation could take place into the distal end of a ligated artery, through a number of branches, that a collateral circulation could become gradually established during the increase of an aneurism, and that a direct and a collateral circulation could circulate together in an artery, the assertions just made, with regard to the collateral circulation, will certainly be new, if not startling. It is only necessary, however, to take a plan or sketch of the arteries and trace upon it the collateral circulation coming in from different branches, with the direct circulation at the same time going on in the same artery, to see the utter impossibility of any such circulation as that generally believed in ever taking place. Opposing currents cannot circulate in the same artery without interfering with each other: one must arrest the other.

The action of the collateral circulation in bringing about a cure of aneurism may be well illustrated by reference to cases of occasional spontaneous cure.

From obvious physical laws, the circulation of blood is obstructed in an artery dilated into the form of an aneurism. The obstruction is greater from a large aneurism than from a smaller one, and a weak current is more obstructed by the aneurism than a stronger one. When the obstruction, either from increase in the size of the aneurism or from diminution in the force of the current, or from both causes combined, reduces the force of the circulation in the artery and its branches, on the distal side of the aneurism, to a certain extent or degree below the force of the general circulation, a retrograde collateral circulation becomes established, through one of the branches on the distal side of the aneurism. The establishment of the collateral circulation on the distal side has the effect of arresting the obstructed direct circulation through the aneurism, and the cure of the aneurism commences from this point.

Pulsation may go on in the tumor for some time after the circulation through it ceases. It may even be quite strong, owing to the combined direct force of the circulation on the cardiac side, with the indirect force on the distal side. We know that pulsation in an aneurism, for a time, is not evidence of circulation through it: any more than pulsation up to the point of ligation on a continuous artery is evidence of circulation through this artery; and we are acquainted with the pulsation produced by the collateral circulation. It is frequently noticed coming on shortly after ligation on the cardiac side of an aneurism and continuing for two or three days longer.

The arrest of the circulation in an aneurism by the establishment of a collateral circulation on its distal side, when the arrest of circulation is not

otherwise produced, either by total obstruction to the circulation in the aneurism, or by the application of the ligature either on the cardiac or on the distal side, close to the aneurism, will readily explain to us the way in which compression brings about a cure. Compression lessens the force of the circulation in the artery to the aneurism—reducing the circulation in the artery on the distal side of the aneurism to the condition required, as already stated, for the establishment of a collateral circulation.

Compression made on the aneurism or on the artery on its distal side, if effectiv, must act in the same way as when made on the artery on the cardiac side of the aneurism.

It is manifest that compression is a very efficient means of establishing a collateral circulation; and that the lessening of the force of the general circulation is not; for the collateral circulation must derive its force from the general circulation, and the stronger the force of the collateral current, the more readily can it become established, and the stronger direct current is it capable of arresting.

The cure of aneurism by the use of the ligature brings us to the consideration of our present ease. When a ligature is applied close to the cardiac side of an aneurism, arresting all circulation through it, the process of cure is of the simplest kind. A collateral circulation is then established on the distal side with no direct current to oppose it. But when a ligature is applied at a distance from the cardiac side of the aneurism, with branches intervening between it and the aneurism, this process of cure becomes complicated. The collateral circulation is then sometimes established on the cardiac side of the aneurism. This was the case in Banks, after the first operation of ligating the innominate and common carotid arteries. The collateral circulation was established through the vertebral artery.

The establishment of the collateral circulation on the cardiac side of the aneurism follows ligation of the external iliac artery for aneurism below the profunda, and may occur from the application of the ligature at some distance from any aneurism, provided a branch or branches of some size intervene. When a cure takes place after the establishment of the collateral circulation on the cardiac side of the aneurism, it takes place more slowly than when the collateral circulation is established on the distal side, and the cure is brought about by a change of the collateral circulation from the cardiac to the distal side of the aneurism.

Occasionally the collateral circulation on the cardiac side of an aneurism reproduces it. In a case of femoral aneurism treated in this Hospital a few years ago, the collateral circulation, from occlusion of the iliac by digital compression, continued to increase the aneurism more rapidly than the direct current. I attributed this at the time to absence of resilience in the tumor during the heart's diastole. This, I considered, left no opportunity for circulation within the boundaries of the sac.

When a collateral circulation becomes established on the cardiac side of an aneurism, after ligation on the cardiac side, the ligature may be said to act in the same way as compression. It does not cut off all the circulation. It lessens it by substituting a collateral current in place of the direct one; and in the event of a cure following, a collateral circulation becomes estab-

lished on the distal side, opposing and arresting the collateral circulation on the cardiac side.

In some instances, this transfer of the collateral circulation from the cardiac to the distal side must be interfered with by pressure of the tumor.

In Banks, the collateral circulation established through the vertebral artery on the cardiac side of the aneurism was changed to the distal side by ligation of this artery; and as other branches besides the vertebral existed between the ligature on the cardiac side and the aneurism, the collateral circulation on the distal side established a current through the aneurism to these branches.

If secondary hemorrhage had not occurred, necessitating the tying of the vertebral artery, and if the collateral circulation had changed from the cardiac to the distal side of the aneurism, with the vertebral open, the collateral circulation on the distal side could not have passed to the branches on the cardiac side of the aneurism; for the current from the vertebral would have supplied these branches and opposed the retrograde current through the aneurism.

If the innominate artery had been successfully ligated without the vertebral having been tied, it is legitimate to suppose that the retrograde current from the vertebral might have supplied the other branches of the subclavian on the cardiac side of the aneurism, and that a retrograde current through the subscapular would have supplied the axillary and its other branches beyond the aneurism. This would have been an instance of two branches carrying a retrograde current into the distal end of a ligated artery. It will be perceived, however, that there existed two obstructions to the direct circulation to account for this.

The circulation in Banks was indeed very peculiar. It was produced by two operations:—first, by the ligation of the main artery going to an aneurism; and secondly, by the ligation some time afterwards, of a branch carrying on the collateral circulation on the cardiac side of the aneurism. If this branch had been the only one intervening between the ligature on the main artery and the aneurism, a total arrest of circulation through the aneurism would have been effected; but three other branches, the internal mammary, the thyroid axis, and the superior intercostal, also intervened; and the collateral circulation established on the distal side of the aneurism, by the ligation of the branch carrying on the collateral circulation on the cardiac side, passed through the aneurism to the branches on its cardiac side.

It is probably safe to say that no such circulation ever existed before, and it could have been produced in no other way than by the two operations mentioned.

We have seen that a collateral circulation can be established on the distal side of an obstruction in an artery, opposing a collateral circulation on its proximal side. Now, if we understand the circulation as it existed in Banks, we can see that the collateral circulation, established on the distal side of the aneurism, could have been arrested only by the establishment of a collateral circulation on its cardiac side; and the important question arises, can such a collateral circulation be established? Can a collateral circulation be set up on the cardiac side of an obstruction to the circulation in an artery, after a

collateral circulation has been established on its distal side? In reply to this question, I answer "No!"

For years, a weak, indirect, collateral current circulated through an aneurism, to branches on its cardiac side. These branches,—the internal mammary, the thyroid axis, and the superior intercostal,—were, from their anastomotic communications, as capable of carrying on a retrograde circulation, as the branch that supplied them from the distal side of the aneurism; and it is evident that the force of a collateral circulation through an aneurism cannot equal the force of a collateral circulation without the obstruction of the aneurism; so that the distal collateral circulation did not, by its force of current, oppose the establishment of a collateral circulation on the cardiac side. The conditions, as far as we can see, were all favorable for the establishment of a collateral circulation on the cardiac side of the aneurism,—necessary to bring about its cure. It did not, however, take place. Such an event would have been contrary to the law that the collateral circulation is established on the distal side of an obstruction to the direct circulation.

I have been frequently asked why I did not ligate the axillary artery above the subscapular; and Dr. Souchon originally closed his report by saying that this ought to have been done. I have omitted the suggestion, first, because it was too late, and secondly, because it was made without the reflection, that this operation would certainly have been followed by secondary hemorrhage. It is precisely the operation to which Prof. Erichsen's remarks already quoted apply. The only safe ligation would have been that of the subscapular artery,—a very different operation from the other. This might have thrown the collateral circulation again on the cardiac side of the aneurism; but if my present reasoning is correct, the aneurism could have been cured only by a return of the collateral circulation again to the distal side. With the subscapular tied, this might have been impossible; and I now see that it was not so easy a matter as some suppose, to have cured the recurrent aneurism in Banks, by the ligation of any artery.

Consulting brevity, as far as consistent with clearness, I will state, in the form of propositions, the conclusions to which, from consideration of the present case, I have been led, concerning the cure of aneurism, and the action of the collateral circulation in bringing it about. Conditions, applying only to the exceptional case of Banks, are enclosed in brackets:—

1.

The complete cure of aneurism, that is, solidification and absorption of the tumor, with the occlusion of that portion of the artery involved in the aneurism, always results from the total arrest of the circulation of blood in the aneurism.

2.

When a cure of aneurism follows from procedures lessening the force of the direct circulation to the aneurism, or from increasing the obstruction to the circulation in the aneurism, or from obstructing the circulation in the artery or arterees on the distal side, the total arrest of the circulation in the aneurism, required to effect a cure, is caused by the establishment of a collateral circulation on the distal side of the aneurism.

3.

A collateral circulation is established on the distal side of an aneurism, when the force of the circulation in the distal continuation of the artery involved in the aneurism becomes reduced to a certain degree below the force of the circulation in its anastomosing arteries.

4.

The collateral circulation on the distal side of an aneurism opposes the direct circulation through the aneurism. The retrograde collateral current must arrest the obstructed direct current. [The collateral circulation under extraordinary circumstances may establish a retrograde current through the aneurism to the artery and its branches on the cardiac side, if this artery is occluded on the cardiac side of the branches.]

5.

The collateral circulation is always carried into the distal continuation of an obstructed or occluded artery, through a single branch. A careful consideration of the currents in the circulation will show a necessity for one branch alone carrying the retrograde current, and a necessity for some action controlling this and regulating the circulation in the communicating or anastomosing branches between arteries. Aneurisms are not the only accidents to the circulation requiring the establishment of a collateral circulation. It is reasonable to suppose that during health temporary obstruction to the circulation in an artery gives rise to a collateral circulation, ceasing on removal of the obstruction and restoration of the direct current.

6.

The collateral circulation consequent upon obstruction to the direct circulation in an aneurism, and upon obstruction to the circulation in the artery or arteries on the distal side, is always established on this side. In the use of compression or ligation on the cardiac side, at some distance from the aneurism, causing a greater obstruction to the direct circulation than that arising from the aneurism, the collateral circulation is occasionally established through a branch on the cardiac side of the aneurism, but on the distal side of the greater obstruction. In the event of a complete cure following the establishment of this proximal collateral circulation, the cure is brought about by the subsequent establishment of a distal collateral circulation which arrests the proximal collateral current through the aneurism.

7.

In all aneurisms, except sacculated aneurisms, involving a portion of the wall of an artery, or aneurisms through which the circulation is totally arrested by the use of the ligature, or by complete obstruction in the sac of the aneurism, the cure is owing to the establishment of a collateral circulation on the distal side of the aneurism, which arrests the direct circulation in the aneurism.

8.

When the collateral circulation becomes permanently established on the distal side of an aneurism, its cure is certain to follow, unless hemorrhage, rupture, or suppuration of the sac, should ensue, [or a retrograde current through the aneurism from the collateral circulation to the artery and its branches on the cardiac side should be established.]

The consideration of the collateral circulation is necessary to enable us to comprehend many of the well-known facts connected with the cure of aneurism. In fact, many of the phenomena connected with the cure are incomprehensible without a knowledge of its action. Pulsation may go on for days after the circulation has ceased, arising from the indirect collateral current alone; and often the direct and indirect currents both combine in producing it. Spontaneous cure sometimes takes place, and compression of variable degree and duration of time effects a cure. Frequently, some time after the compression has been withdrawn, a spontaneous cure follows.

The theories advanced to explain the cure of aneurism without taking into consideration the action of the collateral circulation are not well founded. It is held that a weak current of blood circulating through an aneurism forms a *coagulum*,—a deposit of fibrin in the sac of a different kind from that left by a more active or stronger current,—and that the deposit from the weaker current is capable of totally arresting the circulation of blood through the aneurism; of solidifying and of becoming absorbed; leaving the artery permanently occluded. Our present case has proved all these theories untenable; and the *post mortem* shows that no arteries were permanently occluded except those in which the circulation was totally arrested. The aneurism was absorbed, and was reproduced by a weak current; and for ten years a weak current circulated through it, and still the aneurism was not completely cured.

It is commonly asserted that the collateral circulation is becoming established during the increase of an aneurism. I believe that during the increase of an aneurism the collateral circulation frequently arrests for short periods of time the direct circulation through the aneurism. The two circulations may be said to alternate with each other. The deposit of fibrin on the inner walls of an aneurism, taking place in separate and distinct layers, indicates the occurrence of an intermittent action in the direct current. The obstruction to the circulation in the aneurism is diminished in consequence of the deposit of a *coagulum* in the sac of the aneurism, which lessens the quantity of fluid blood contained in it, during the arrest of the direct circulation; and this enables the direct current to become again re-established—the collateral current ceasing. From the action of the collateral circulation in this way only can it be said to become gradually established. Increase in the size of an aneurism increases the obstruction to the circulation of blood through it, tending to set up a collateral circulation. When the collateral circulation becomes permanently established, it may, by increase in the number and size of the communicating or anastomosing branches to the single branch carrying it into the artery on the distal side of the aneurism, keep increasing in force and volume for an indefinite period of time.

The short communicating arteries frequently laid down in surgical works, as uniting the two ends of a ligated artery, and illustrating the manner in which the circulation is then carried on, are wholly imaginary. They can have no existence.

In conclusion, it may be asked, What have we learned from these operations, and, how can the knowledge obtained be applied in directing our efforts to greater success in the future?

We have learned that the innominate artery has been successfully ligated in a case of subclavian aneurism; and from the relation or affinity existing between like things, this extraordinary operation has been followed by an event perhaps quite unprecedented. After an interval of ten years, the one followed as a consequence of the other. An aneurism was reproduced by a retrograde collateral current of blood, circulating through it from the distal, to branches on its cardiac side. We have learned that in this strangely reversed circulation, arising from the interruption of a collateral current to the distal side of an obstructed artery, the usual law governing the establishment of the collateral circulation had also become changed in its operation. It has been proved that the innominate, the common carotid, the vertebral, and the internal mammary arteries could all be successfully ligated on the same patient, without curing a subclavian aneurism on their distal side. It may be claimed, however, that a cure was effected for ten years; for during that period the patient enjoyed the best health of his life. He gained twenty pounds in weight and possessed the full and complete use of all his physical and mental faculties. We have learned that ligation of the innominate and common carotid arteries, with the ligation of the vertebral to arrest secondary hemorrhage from the distal side of the ligated innominate artery, is a successful operation for the cure of subclavian aneurism, compared with the operations of the past. We have learned, I think, the reason why it is objectionable under some circumstances, when it can be avoided, to ligate a collateral branch carrying the retrograde current of blood to the distal side of a ligated artery, to arrest secondary hemorrhage from it. And we have learned something about the collateral circulation and its action in bringing about a cure of aneurism. Surely all this knowledge, derived from the successful ligation of the innominate artery, should be enough to disprove the stereotyped denunciations of this as an "unjustifiable" operation.

We have also learned from the present case that ligation of the innominate and common carotid arteries alone, without that of the vertebral, would in all probability effect a complete cure of subclavian aneurism. It seems to me the course to be adopted in the future is quite plain. We must endeavor to ligate the innominate and common carotid arteries, in some way that will prevent the occurrence of secondary hemorrhage, which alone has proved fatal to the vast majority of the patients hitherto operated upon. In this attempt, recourse to the ligation of the vertebral artery, if secondary hemorrhage should come on, makes it safe to adopt any procedure that promises a chance of success.

The discovery of a means of arresting the secondary hemorrhage from the distal side of the ligature on the innominate artery, and effecting a cure of the aneurism for a period of ten years, is a long step forward from the past. Patients will not be allowed to bleed to death from this hemorrhage as they have been heretofore. The abundance of loose cellular tissue in the root of the neck makes it an unfavorable locality for trying the antiseptic ligature; still it may be worth the attempt. I have thought for some time that should another case of right subclavian aneurism present itself to me, I would tie the innominate and common carotid arteries, and, making a longitudinal incision opposite the origin of the subclavian, would, through the incision, insert into this artery a round ball of lead or some lighter substance which we know to

become readily encysted, and await the result. Several sizes of shot attached to the ends of curved wires would determine the proper size to introduce, and the plug should be forced some distance into the artery. I would try this operation on the left side by tying the subclavian, making a longitudinal incision on the distal side of the ligature. I should not dread any danger from a single hemorrhage from the vertebral; and on its occurrence I would ligate this artery as I did in Banks.

I would not amputate at the shoulder joint, for several reasons. First, it is an operation to which patients do not readily consent; secondly, even if successful it cannot be more so in my opinion than that obtained in the present case; and, thirdly, it is an operation from which nothing valuable can be learned, and nothing creditable ever obtained. After the experience and knowledge derived from the present case, I could not but consider it a most objectionable procedure. I prefer to take my place upon the page of surgical history among the ligators of the innominate, and with them, in our common effort, share the credit of endeavoring to accomplish a result more beneficial to our race, and more honorable to our profession.

TABLE

SHOWING THE

Names, Age, Nativity, Occupation, Date and Cause of Death

—OF—

PATIENTS WHO HAVE DIED IN THE CHARITY HOSPITAL,

From January 1st to December 31st, 1876.

T A B L E

*Showing the Name, Age, Nativity, Occupation, Date and Cause of Death, of Patients who have died
in the Charity Hospital, from January 1st to December 31st, 1876.*

NAMES.	NATIVITY.	OCCUPATION.	AGE.	CAUSE OF DEATH.	DATE OF DEATH.
Celia Evans.....	Virginia.....	.....	50	Phthisis Pulmonalis.....	January 1, 1876.
Manuel A. Enris.....	Cape de Verdes.....	Seaman.....	30	Asthma.....	" 1, "
Bernard A. Hagan.....	Pennsylvania.....	Laborer.....	35	Malarial Fever.....	" 1, "
Patrick Hughes.....	Ireland.....	Laborer.....	40	Malarial Fever.....	" 1, "
John Miller.....	Kentucky.....	Laborer.....	49	Pneumonia.....	" 3, "
Nattali Bratéevich.....	Austria.....	Laborer.....	30	Abscess of Liver.....	" 4, "
William Doffins.....	Ireland.....	Laborer.....	33	Malarial Fever.....	" 4, "
Jane Simmons.....	Mississippi.....	.....	55	Meningitis.....	" 4, "
William F. Reader.....	Kentucky.....	Pilot.....	49	Delirium Tremens.....	" 5, "
Owen Burns.....	Ireland.....	Watchman.....	56	Malarial Fever.....	" 5, "
Esta Krauss.....	Louisiana.....	.....	33	Phthisis Pulmonalis.....	" 7, "
George Watts.....	Virginia.....	Laborer.....	40	Chronic Cystitis.....	" 7, "
Joseph Mason.....	Illinois.....	Bricklayer.....	34	Septaemia.....	" 7, "
Jacob Hoffman.....	Louisiana.....	Gardener.....	20	Gunshot Wound of Abdomen.....	" 8, "
Edward Becket.....	Pennsylvania.....	Laborer.....	60	Cancer of Rectum.....	" 8, "
Unknown Colored Woman.....	Unknown.....	.....	60	Senile Debility.....	" 9, "
Thomas Greene.....	Mississippi.....	Farmer.....	26	Phthisis Pulmonalis.....	" 9, "
Frank Shepherd.....	Kentucky.....	Laborer.....	60	Chronic Diarrhea.....	" 9, "
Abram Johnson.....	Maryland.....	Laborer.....	26	Tuberculosis.....	" 10, "
Richard Condon.....	Ireland.....	Seaman.....	35	Albuminuria.....	" 10, "
Thomas Webb.....	Virginia.....	Drayman.....	55	Internal Injuries.....	" 11, "
Michael Nuckley.....	Louisiana.....	Laborey.....	29	Gunshot Wound of Abdomen.....	" 11, "
Patrick Lynch.....	Ireland.....	Laberer.....	42	Burns.....	" 12, "
Ellen Brown.....	Maryland.....	.....	55	Burns.....	" 12, "

OF THE CHARITY HOSPITAL.

Nicholas Manion	Manila	Seaman	50	Tuberculosis	January	12, 1876.
John Burkness	Norway	Laborer	45	Chronic Diarrhea	"	12, "
Caesar Firmin	Germany	Lithographer	26	Phthisis Pulmonalis	"	13, "
Joseph C. W. Richardson	New York	Teacher	39	Phthisis Pulmonalis	"	14, "
Samuel Nowlen	Virginia	Laborer	65	Senile Debility	"	14, "
William Hyte	Kentucky	Boatman	56	Chronic Diarrhea	"	15, "
Adele Reddick	Louisiana		30	Aneurism of Aorta	"	15, "
Eli Nelam	Arkansas	Laborer	18	Abscess of Kidney	"	16, "
Maggie Howard	Louisiana		18	Phthisis Pulmonalis	"	16, "
Millie			65	Meningitis	"	17, "
Ephraim Granger	Louisiana	Laborer	35	Phthisis Pulmonalis	"	17, "
Robert Piper	England	Drayman	30	Rail Road Injuries	"	18, "
Francois Mazurka	Italy	Laborer	59	Cancer of Stomach	"	19, "
Oliver Branch	Louisiana	Laborer	21	Septicæmia	"	19, "
Agnes Johnson	Louisiana		1½	Malarial Fever	"	19, "
William Harrison	Ohio	Laborer	36	Pneumonia	"	20, "
Auguste Gerke	Germany	Barber	55	Malarial Fever	"	23, "
Mary Ann Lewis	Maryland		70	Apoplexy	"	23, "
Louis Rast	France	Fisherman	63	Pneumonia	"	23, "
Louis Bernard	Louisiana	Waiter	32	Pneumonia	"	23, "
Hugh Carey	Ireland	Teamster	50	Pneumonia	"	23, "
John Holmes	New York	Lighterman	54	Pyæmia	"	24, "
Mary Jackson	Mississippi		25	Phthisis Pulmonalis	"	24, "
William Mylan	Ireland	Laborer	60	Malarial Fever	"	24, "
Mary Smith	Virginia		65	Senile Debility	"	24, "
Richard Bishop	Canada	Carpenter	39	Malarial Fever	"	24, "
Henry Rohrin	Germany	Cook	38	Cancer of Neck	"	25, "
Catharine Durke	Germany		62	Cirrhosis of Liver	"	25, "
Caroline Russell	Arkansas		35	Phthisis Pulmonalis	"	26, "
Edward Castillon	Louisiana	Laborer	53	Paralysis	"	27, "
Frederick Meyer	Switzerland	Laborer	52	Albuminuria	"	27, "
George Abandenon	Holland	Merchant	60	Pelvic Abscess	"	28, "
James Stephens	Ireland	Laborer	40	Chronic Diarrhea	"	29, "
Robert Smithson	England	Laborer	27	Malarial Fever	"	30, "
James Burke	Ireland	Laborer	35	Duodenitis	"	30, "
Edmund Bell	Louisiana	Laborer	21	Chronic Dysentery	"	31, "
Helena Martin	Germany		30	Puerperal Fever	February	1, "

TABLE—Continued.

NAMES.	NATIVITY.	OCCUPATION.	AGE.	CAUSE OF DEATH.	DATE OF DEATH.
Emile Roy.....	Switzerland	Gardener.....	60	Tetanus.....	February 2, 1876.
Richard Blackwell.....	Virginia	Laborer.....	50	Congestion of Lungs.....	" 4, "
Rosa Pitz.....	Alabama		34	Pneumonia.....	" 5, "
Jean Baptiste Maximilien.....	Louisiana	Laborer.....	85	Senile Debility.....	" 5, "
Ella Graser.....	Louisiana		19	Puerperal Fever.....	" 5, "
Eugene R. Kuhne.....	Martinique	Teacher.....	30	Diphtheria.....	" 5, "
John Flanigan.....	Ireland	Laborer.....	70	Senile Debility.....	" 6, "
Robert Daniel.....	Kentucky	Laborer.....	56	Malarial Fever.....	" 6, "
Nicholas Della.....	Louisiana	Waiter	16	Congestion of Brain.....	" 6, "
Patrick Joyce.....	Ireland		42	Chronic Dysentery.....	" 7, "
Peter Vandervert.....	Holland	Laborer.....	36	Rail Road Injuries.....	" 7, "
Chas. S. Gordon.....	Ohio	Swamper.....	35	Ascites.....	" 7, "
Sylvester Banks.....	North Carolina	Laborer.....	60	Gunshot Wound of Back.....	" 7, "
Ferdinand Meyer.....	Switzerland	Umbrella Maker.....	53	Chronic Gastritis.....	" 7, "
Louis Walton.....	Maryland	Laborer.....	63	Malarial Fever.....	" 9, "
Hamlin Harrison.....	Virginia	Laborer.....	40	Phthisis Pulmonalis.....	" 9, "
Clay Goodwin.....	Kentucky	Farmer.....	33	Phthisis Pulmonalis.....	" 9, "
Thos. Toveison.....	Norway	Seaman.....	22	Typhoid Fever.....	" 9, "
John Kunz.....	Switzerland	Laborer.....	38	Phthisis Pulmonalis.....	" 9, "
Frank Robertson.....	Virginia	Boatman.....	29	Epilepsy.....	" 10, "
Solomon Scott.....	Kentucky	Laborer.....	38	Phthisis Pulmonalis.....	" 10, "
Robert Holland.....	England	Book Keeper.....	34	Hemiplegia.....	" 10, "
Esther Seymour.....	Missouri		54	Cancer of Fundus Uteri.....	" 11, "
John Durrsee.....	Germany	Laborer.....	51	Phthisis Pulmonalis.....	" 11, "
Jean P. Barague.....	France	Laborer.....	28	Typhoid Fever.....	" 13, "
John Baum.....	Germany	Baker.....	30	General Debility.....	" 13, "
William H. Hopson.....	Tennessee	Carpenter.....	29	Phthisis Pulmonalis.....	" 13, "
Betty Collins.....	Ireland		75	Hemiplegia.....	" 13, "
Thomas Dean.....	Iowa	Boatman.....	33	Phthisis Pulmonalis.....	" 14, "
Francois Raphenne.....	Germany	Carpenter.....	42	Pneumonia.....	" 14, "

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Henry Bush.....	Austria.....	Laborer.....	37	Cerebritis.....	February	15, 1876.
Dennis Tracey.....	Ireland.....	Laborer.....	23	Phthisis Pulmonalis.....	"	15, "
William Rainey.....	Louisiana.....	Laborer.....	16	Gunshot Wound of Abdomen.....	"	16, "
Mary Kinney.....	Ireland.....		50	Injury of Spine.....	"	16, "
John Wallace.....	Kentucky.....	Collier.....	37	Tuberculosis.....	"	17, "
Samuel Boyce.....	Maryland.....	Laborer.....	47	Chronic Diarrhoea.....	"	17, "
James Ashworth.....	Ohio.....	Carpenter.....	64	Scirrhous of Nose.....	"	17, "
William Kelly.....	Ireland.....	Gardener.....	58	Mitral Regurgitation.....	"	18, "
John Blake.....	Ireland.....	Laborer.....	62	Psoas Abscess.....	"	18, "
William Galbraith.....	New York.....	Laborer.....	46	Heart Disease.....	"	18, "
Thomas McAnany.....	New Brunswick.....	Laborer.....	37	Pneumonia.....	"	18, "
William Lee.....	Michigan.....	Laborer.....	24	Phthisis Pulmonalis.....	"	19, "
Richard Bell.....	Virginia.....	Laborer.....	35	Inanition.....	"	19, "
Emily McCann.....	Switzerland.....		49	Peritonitis.....	"	19, "
Aaron Tenkins.....	Mississippi.....	Laborer.....	36	Chronic Dysentery.....	"	19, "
Sarah Wheaton.....	Louisiana.....		17	Phthisis Pulmonalis.....	"	19, "
James Kenny.....	Ireland.....	Laborer.....	62	Hepatitis.....	"	21, "
Joseph McMarray.....	North Carolina.....	Railroad Conductor	36	Delirium Tremens.....	"	21, "
Joseph Haliburton.....	Louisiana.....		14 Mos	Hydrocephalus.....	"	22, "
Mary Howard.....	Louisiana.....			30 Puerperal Fever.....	"	22, "
Kate Shields.....	Ireland.....			30 Erysipelas.....	"	22, "
Thomas Gegan.....	Ireland.....	Baker.....	20	Pneumonia.....	"	23, "
Jacob Jenkins.....	Kentucky.....	Laborer.....	35	Aortic Regurgitation.....	"	24, "
Emile Lartigue.....	Cuba.....	Carpenter.....	70	Ptyalism.....	"	25, "
Mary Ann Smith.....	England.....		40	Diabetes Mellitus.....	"	25, "
William Deckbar.....	Germany.....	Laborer.....	56	Apoplexy.....	"	26, "
Alexander Taron.....	France.....	Pedler.....	36	Dysentery.....	"	27, "
Mary Kelly.....	Ireland.....		60	Chronic Rheumatism.....	"	27, "
Dominique Adams.....	France.....	Gardener.....	46	Albuminuria.....	"	27, "
Elizabeth Gordon.....	Arkansas.....		28	Heart Disease.....	"	27, "
Fanny Starks.....	Maryland.....		35	Phthisis Pulmonalis.....	"	28, "
Elizabeth Henry.....	South Carolina.....		61	Cancer of Mouth.....	"	28, "
Edward Callahan.....	Ireland.....	Laborer.....	45	Phthisis Pulmonalis.....	"	28, "
John Wheeler.....	Virginia.....	Laborer.....	65	Pneumonia.....	"	28, "
Louis Brown.....	Virginia.....	Laborer.....	27	Chronic Dysentery.....		
Victor A. Smith.....		Engineer.....	35	Fracture of Skull.....	"	1, "
Elizabeth Austin.....	North Carolina.....		53	Heart Disease.....	"	1, "

March 1, 1876.

TABLE—Continued.

NAMES.	NATIVITY.	OCCUPATION.	AGE.	CAUSE OF DEATH.	DATE OF DEATH.
Anthony Albers.	Germany	Hostler	50	Pneumonia	March 2, 1876.
Jane Reilly.	Ireland		62	Pulmonary Emphysema	" 2, "
Ellen McManus.	Ireland		60	Strangulated Femoral Hernia	" 3, "
Charles Wilson.	Maryland	Fireman	28	Chronic Dysentery	" 3, "
Henry P. Patterson.	Kentucky	Seaman	46	Delirium Tremens	" 5, "
John Murphy.	Ireland	勞工	60	Pneumonia	" 5, "
Peter Short.	Ireland	Cook	30	Chronic Dysentery	" 7, "
Joseph Rendeau.	France	Shingle Getter	50	Chronic Diarrhoea	" 7, "
Charles Wolf.	Germany	勞工	46	Chronic Diarrhoea	" 8, "
John Johnson.	Louisiana	勞工	21	Phthisis Pulmonalis	" 9, "
George Seasal.	Germany	Swamper	48	Chronic Dysentery	" 10, "
John Watkins.	Virginia	勞工	49	Phthisis Pulmonalis	" 11, "
Louisa Barry.	Virginia		50	Albuminuria	" 11, "
Prosper Beauregard.	Louisiana		14	Comp. Frac. of Leg & Tetanus	" 11, "
William Ohlrich.	Germany	Shoemaker	40	Phthisis Pulmonalis	" 12, "
Frank Copal.	Germany	Musician	24	Phthisis Pulmonalis	" 12, "
Charles Ferrau.	France	Bar Tender	33	Tuberculosis	" 12, "
John Lynch.			30	Cerebritis	" 12, "
Albertine Michaelis.	Switzerland		62	Cancer of Uterus	" 13, "
James Burke.	Ireland	Teacher	30	Phthisis Pulmonalis	" 13, "
Emma Ringer.	Louisiana		19	Phthisis Pulmonalis	" 14, "
Alfred Rowe.	Virginia	Farmer	69	Senile Debility	" 16, "
William Hull.	New York	Carpenter	29	Chronic Dysentery	" 17, "
Robert Brown.	Louisiana	Boatman	26	Pneumonia	" 17, "
John Gooley.	New York		8	Malarial Fever	" 18, "
Edward Gorum.	Louisiana	勞工	35	Phthisis Pulmonalis	" 18, "
Peter Campbell.	Alabama	勞工	60	Senile Debility	" 18, "
Margaret Hagan.	Dist. Columbia		60	Epilepsy	" 19, "
Thos. M. Walsh.	Louisiana	Harness Maker	34	Phthisis Pulmonalis	" 19, "
Henry Heald.	Maine	Seaman	40	Pneumonia	" 20, "

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Rosalie Massabo.	Germany	38	Phthisis Pulmonalis.	March	20, 1876.
Nancy Bluez.	Pennsylvania	50	Pleuro Pneumonia.	"	20, "
James Casey.	Louisiana	31	Pneumonia.	"	20, "
Virgil Gaines.	North Carolina	50	Chorea.	"	21, "
Adolphe Turbert.	France	45	Phthisis Pulmonalis.	"	21, "
Patrick Coleman.	Ireland	30	Epithelioma of Scrotum.	"	21, "
George Batley.	Louisiana	6	Meningitis.	"	21, "
Peter Martin.	Switzerland	50	Pyæmia.	"	21, "
Madison Small.	Virginia	60	Tuberculosis.	"	21, "
Rebecca Banks.	Virginia	50	Heart Disease.	"	22, "
Joseph Calari.	Louisiana	18	Phthisis Pulmonalis.	"	22, "
William King.	Missouri	23	Pneumonia.	"	22, "
Antonio Paratori.	Italy	84	Congestion of Brain.	"	22, "
Timothy Ford.	Ireland	40	Phthisis Pulmonalis.	"	23, "
Dorsey Williams.	Maryland	27	Pott's Disease of Spine.	"	23, "
Edmond Ennis.	Louisiana	30	Chronic Diarrœa.	"	24, "
Fortune Landreau.	Louisiana	65	Senile Debility.	"	25, "
Albert Fabre.	Louisiana	52	Albuminuria.	"	25, "
Ellen O'Mara.	Ireland	75	Senile Debility.	"	26, "
Frank Miller.	Louisiana	10	Albuminuria.	"	27, "
Frank Miller.	Germany	34	Pneumonia.	"	27, "
Charles Mercier.	France	27	Phthisis Pulmonalis.	"	27, "
William Bartel.	Germany	33	Albuminuria.	"	27, "
Albert Dickson.	Mississippi	25	Phthisis Pulmonalis.	"	28, "
Ann Berry.	Virginia	60	Senile Debility.	"	29, "
Charles Wilson.	Kentucky	28	Phthisis Pulmonalis.	"	29, "
William Cooling.	England	53	Chronic Diarrœa.	"	29, "
John Roach.	Ireland	36	Chronic Bronchitis.	"	30, "
George Tunker.	Germany	48	Heart Disease.	"	30, "
John McGrath.	Ireland	47	Apoplexy.	"	30, "
Edward Delaney.	Ireland	50	Chronic Diarrœa.	"	31, "
Fanny Tayler.	Louisiana	33	Congestion of Brain.	"	31, "
Benjamin Mouchon.	Louisiana	63	Albuminuria.	April	1, 1876.
Sandy Wheat.	Virginia	40	Penetrating Wound of Abdomen	"	1, "
Julia Baker.	Louisiana	29	Chronic Diarrœa.	"	2, "
Eli Bell.	Louisiana	46	Phthisis Pulmonalis.	"	2, "
Mary Boyce.	Louisiana	30	Congestion of Brain.	"	3, "

TABLE—Continued.

NAMES.	NATIVITY.	OCCUPATION.	AGE.	CAUSE OF DEATH.	DATE OF DEATH.
Fanny Colbert.	Ireland.		55	Chronic Diarrhoea.	April 5, 1876.
Harriet Miller.	Maryland.		50	Apoplexy.	6, "
John White.	Scotland.	Coach Maker.	65	Chronic Diarrhoea.	6, "
Lucien Adams.	Louisiana.	Clerk.	27	Gunshot Wound of Abdomen.	6, "
Louis Guiraudon.	France.	Baker.	36	Chronic Diarrhoea.	7, "
Louis S. Dion.	Louisiana.	Cooper.	55	Malarial Fever.	8, "
Patrick Farrell.	Ireland.	Laborer.	35	Pneumonia.	9, "
Elizabeth Brean.	Louisiana.		30	Cirrhosis of Liver.	10, "
James J. Cload.	England.	Cabinet Maker.	56	General Paralysis.	10, "
Joseph Kuppner.	Belgium.		73	Phthisis Pulmonalis.	11, "
James Fitzhenry.	Ireland.	Gardener.	38	Phthisis Pulmonalis.	11, "
Julia Christean.	Louisiana.		41	Cancer of Uterus.	11, "
George Albert.	Louisiana.	Laborer.	20	Enteric Fever.	12, "
Plythe Weaver.	Indiana.	Boatman.	53	Phthisis Pulmonalis.	12, "
Aaron Skimyehom.	Louisiana.	Farmer.	27	Phthisis Pulmonalis.	12, "
Julia A. Johnson.	North Carolina.		60	Pericarditis.	12, "
Caroline Gader.	Louisiana.		33	Chronic Diarrhoea.	13, "
Peter Labenan.	Louisiana.	Laborer.	31	Phthisis Pulmonalis.	15, "
Africa.	Africa.	Laborer.	70	Senile Debility.	15, "
Peter Anthony.	Virginia.	Laborer.	62	Malarial Fever.	16, "
Julius Hall.	Alabama.	Waiter.	22	Rail Road Injuries.	17, "
Patrick W. Walsh.	Ireland.	Harness Maker.	65	Congestive Fever.	17, "
Clement Thor.	France.		74	Necrosis of Orbital.	18, "
Joseph Richardson.	Carolina.	Laborer.	26	Pneumonia.	18, "
Henry C. Leonard.	Kentucky.	Cigar Maker.	30	Phthisis Pulmonalis.	18, "
George Boag.	England.	Book Keeper.	37	Phthisis Pulmonalis.	19, "
Adolphe Noyal.	Louisiana.	Laborer.	45	Malarial Fever.	21, "
Edward Preville.	Ireland.	Sugar Broker.	50	Cystitis.	21, "
Robert Campbell.	Ireland.	Umbrella Maker.	50	Senile Debility.	21, "
Julia Davis.	Alabama.		25	Phthisis Pulmonalis.	22, "

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Carolina Richardson	Maryland	50	Epilepsy	April	22, 1876.
Newton Williams	Virginia	40	Tuberculosis	"	22, "
Sarah Bleu	Virginia	60	Senile Debility	"	24, "
William Kennedy	Ireland	46	Chronic Dysentery	"	25, "
Ernest Pressing	Germany	35	Cerebritis	"	27, "
James Clayton	Massachusetts	28	Phthisis Pulmonalis	"	28, "
William Mantle	England	65	Tertiary Syphilis	"	28, "
Lazin Bouvier	Louisiana	54	Ascites	"	30, "
Frank Patton	Scotland	53	Phthisis Pulmonalis	May	1, "
Caleb Williams	Alabama	30	Mitral Regurgitation	"	1, "
James Dooley, or Thomas	Ireland	30	Phthisis Pulmonalis	"	1, "
Charles Rossi	Italy	58	Chronic Gastritis	"	2, "
John Nelson	Alabama	32	Traumatic Tetanus	"	2, "
Joseph Brown	Virginia	65	Gangrene of Leg	"	3, "
Mary Fehlen	Louisiana	27	Malarial Fever	"	3, "
Amie B. Depierris	France	40	Phthisis Pulmonalis	"	5, "
Elizabeth Burton	Louisiana	47	Cancer of Uterus	"	5, "
William Seider	Louisiana	14	Convulsions	"	5, "
Mary Ann Gough	Alabama	45	Rubeola	"	5, "
Johana Kennedy	Louisiana	2	Rubeola	"	6, "
Joseph Nicholas	Louisiana	27	Phthisis Pulmonalis	"	6, "
Peter M. Stark	South Carolina	35	Malarial Fever	"	7, "
Louis Suzzett	Louisiana	45	Albuminuria	"	7, "
David Bell	Missouri	23	Hydrothorax	"	8, "
John Close	North Carolina	36	Phthisis Pulmonalis	"	11, "
William Cannon	Louisiana	46	Phthisis Pulmonalis	"	11, "
Samuel Brown	Ohio	41	Pneumonia	"	13, "
Augustus Gray	Louisiana	19	Tuberculosis	"	13, "
Salvador Saccozan	Malta	35	Pleurisy	"	13, "
Joseph Lassere	France	28	Phthisis Pulmonalis	"	14, "
James Benjamin	South Carolina	73	Phthisis Pulmonalis	"	14, "
John Hill	Missouri	25	Softening of Brain	"	14, "
Louis Stewart		21	Double Pneumonia	"	15, "
Thomas Riley	Louisiana	22	Heart Disease	"	16, "
George Washington	Georgia	46	Pyæmia	"	18, "
Mary Pittman	Louisiana	23	Tuberculosis	"	19, "
John Doherty	Louisiana	23	Chronic Dysentery	"	19, "

TABLE—Continued.

NAMES.	NATIVITY.	OCCUPATION.	AGE.	CAUSE OF DEATH.	DATE OF DEATH.
Robert Washington.	Alabama.	Boatman.	21	Albuminuria.	May 19, 1876.
Roman Spitz.	Germany.	Brewer.	46	Burns.	" 19, "
John Govers.	Ireland.	Laborer.	43	Gastro Enteritis.	" 21, "
Harry Coureelle.	Louisiana.	Laborer.	23	Haemoptysis.	" 23, "
Claiborne Thompson.	Kentucky.	Laborer.	60	Abscess of Leg.	" 23, "
Jennie Henderson.	Ireland.		31	Delirium Tremens.	" 24, "
Bernhard Baxtrem.	Norway.	Seaman.	29	Phthisis Pulmonalis.	" 25, "
George Tibbs.	Virginia.	Laborer.	42	Tuberculosis.	" 25, "
Mary Cassagne.	Ireland.		50	Chronic Dysentery.	" 25, "
Henry C. White.	Delaware.	Seaman.	46	Chronic Diarrhea.	" 26, "
Daniel Temur.	Maryland.	Sawyer.	60	Albuminuria.	" 28, "
Dorcas Chase.	Virginia.		70	Senile Debility.	" 28, "
Peter Rainey.	Ireland.	Cooper.	40	Hemiplegia.	" 29, "
Catharine McAnenny.	Louisiana.		25	Chronic Rheumatism.	" 29, "
Sarah Conway.	Ireland.		56	Gastritis.	" 29, "
John Lain.	Kentucky.	Laborer.	33	Malarial Fever.	" 30, "
Reuben Murray.	Virginia.	Laborer.	52	Hepatitis.	" 30, "
Edward Ellis.	Mississippi.	Farmer.	22	Erysipelas.	" 31, "
Ransom Anderson.	North Carolina.	Laborer.	40	Paraplegia.	June 2, "
Charles White.	Maryland.	Laborer.	37	Tubercolosis.	" 2, "
Job Norton.	Virginia.	Laborer.	65	Fracture of Humerus.	" 2, "
Mary Hicks.	Ireland.		35	Paralysis.	" 3, "
Mary Smith.	Ireland.		39	Inanition.	" 3, "
Owen Lawless.	Ireland.	Laborer.	80	Senile Debility.	" 4, "
John Edmond.	England.	Laborer.	30	Gastro Enteritis.	" 5, "
John Baptiste.	New Orleans.	Laborer.	42	Phthisis Pulmonalis.	" 5, "
Cornelius T. McBride.	Missouri.	Teacher.	45	Phthisis Pulmonalis.	" 5, "
Auguste Opperte.	New Orleans.	Cook.	37	Phthisis Pulmonalis.	" 6, "
John Pfotzer.	Germany.	Painter.	37	Epilepsy.	" 7, "
Manuel P. Y. Romagoza.	Cuba.	Printer.	29	Phthisis Pulmonalis.	" 7, "

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Mary Handley.....	Ireland.....	56	Chronic Diarrhoea.....	June	7, 1876.
Annie Burke.....	Ireland.....	75	Old Age.....	"	7, "
James Walsh.....	Louisiana.....	24	Chronic Diarrhoea.....	"	8, "
Mary Coaces.....	Pennsylvania.....	50	Old Age.....	"	8, "
Julia Jury.....	North Carolina.....	68	Fatty Degeneration of Liver.....	"	9, "
Louis Mondonnier.....	Africa.....	34	Heart Disease.....	"	9, "
Charles Carter.....	Louisiana.....	42	Chronic Diarrhoea.....	"	10, "
Yo.....	China.....	35	Abscess of Kidneys.....	"	11, "
Andrew Patton.....	Ireland.....	47	Asthenia a Potu.....	"	12, "
Coleman Simms.....	Virginia.....	19	Pyæmia.....	"	13, "
John Roll.....	Germany.....	62	Diarrhea.....	"	13, "
Margaret Hinkle.....	Louisiana.....	20	Epilepsy.....	"	14, "
Henry Griffin.....	Louisiana.....	17	Albuminuria.....	"	14, "
Jane Durand.....	France.....	38	Delirium Tremens.....	"	14, "
Manda Davis.....	Tennessee.....	25	Phthisis Pulmonalis.....	"	15, "
Frederick Malet.....	France.....	32	Cirrhosis of Liver.....	"	16, "
Joseph Wall.....	Germany.....	49	Cerebritis.....	"	16, "
Richard Pendergast.....	Ireland.....	40	Phthisis Pulmonalis.....	"	17, "
George Washington.....	Virginia.....	50	Elephantiasis.....	"	18, "
Hypolite Fornier.....	France.....	25	Albuminuria.....	"	18, "
Nora Everment.....	Louisiana.....	20	Puerperal Fever.....	"	19, "
Richard Johnson.....	Mississippi.....	40	Penetrating Wound of Abdomen	"	20, "
Anarea Seiomora.....	Italy.....	50	Dysentery.....	"	20, "
Benjamin F. Owen.....	Georgia.....	46	Albuminuria.....	"	20, "
Thomas Miles.....	Louisiana.....	30	Albuminuria.....	"	20, "
Henry L. Douns.....	Connecticut.....	34	Phthisis Pulmonalis.....	"	21, "
John Gilday.....	Virginia.....	24	Chronic Dysentery.....	"	23, "
Owen Sweeney.....	Ireland.....	50	Senile Debility.....	"	23, "
James Kenny.....	Indiana.....	28	Phthisis Pulmonalis.....	"	23, "
Mary Linsey.....	Germany.....	40	Continued Fever.....	"	24, "
Laurence Muldowny.....	Ireland.....	39	Cirrhosis of Liver.....	"	24, "
Maurice Williams.....	France.....	58	Chronic Hepatitis.....	"	24, "
Edward Flannegan.....	Ireland.....	50	Chronic Diarrhea.....	"	25, "
Michael Brown.....	Germany.....	43	Chronic Diarrhea.....	"	26, "
Anna Brown.....	Louisiana.....	19	Delirium Tremens.....	"	26, "
Unknown White Man.....	Unknown.....	50	Congestive Chills.....	"	26, "
Andrew Gibson.....	Kentucky.....	60	Fracture of Skull.....	"	26, "

TABLE--Continued.

NAMES.	NATIVITY.	OCCUPATION.	AGE.	CAUSE OF DEATH.	DATE OF DEATH.
Nellie Armstrong.....	Louisiana.....		24	Gastritis.....	June 26, 1876.
Henry Manser.....	Germany.....	Shoemaker	48	Softening of Brain.....	" 26, "
Sarah Johnson.....	Virginia.....		40	Pneumonia.....	" 29, "
Gustavus Kirchman.....	Germany.....	Machinist	33	Phthisis Pulmonalis.....	" 30, "
Thomas Pollman.....	Ireland.....	Laborer	60	Typho Malarial Fever	" 30, "
Robert Nelson.....	Canada.....	Nurse	70	Senile Debility.....	July 1, "
Lether Gardner.....	Alabama.....		50	Cancer of Face.....	" 1, "
Zoe Bertil.....	Louisiana.....		45	Hemiplegia.....	" 1, "
Henry Miller.....	Missouri.....	Fisherman	28	Phthisis Pulmonalis.....	" 3, "
Hypolite Ben.....	Louisiana.....	Laborer	50	Tetanus.....	" 3, "
Caroline Graham.....	Louisiana.....		50	Gunshot Wound of Abdomen.....	" 3, "
Aaron Boone.....	Virginia.....	Laborer	60	Rail Road Injuries.....	" 4, "
Mary Turner.....	Louisiana.....		21	Phthisis Pulmonalis.....	" 4, "
Octavia Bell.....	Louisiana.....		38	Chronic Diarrhoea.....	" 5, "
Louis Read.....	Missouri.....	Laborer	24	Phthisis Pulmonalis.....	" 5, "
Jean Marque.....	France.....	Blacksmith	37	Phthisis Pulmonalis.....	" 5, "
Marie Noel.....	Louisiana.....		60	Tuberculosis.....	" 5, "
Michael Shea.....	Ireland.....	Laborer	40	Cholera Morbus.....	" 5, "
Thomas Brooks.....	England.....	Carpenter	56	Hepatitis.....	" 6, "
Mary Davis.....	Dist. Columbia.....		82	Abdominal Hernia.....	" 6, "
Owen Carraher.....	Ireland.....	Laborer	65	Albuminuria.....	" 7, "
Chas. Jaq. DeLabretonna.....	Louisiana.....	Teacher	64	Senile Debility.....	" 7, "
Edward Scott.....	Iowa.....	Laborer	31	Chronic Diarrhoea.....	" 8, "
James Cook.....	Ireland.....	Stewart	36	Phthisis Pulmonalis.....	" 9, "
George Toliver.....	Virginia.....	Laborer	40	Tuberculosis.....	" 9, "
Timothy O'Grady.....	Ireland.....	Clerk	68	Malarial Fever.....	" 10, "
Daniel Smith.....	Louisiana.....	Laborer	35	Pleurisy.....	" 12, "
Nael Gillan.....	Ireland.....	Laborer	65	Senile Debility.....	" 13, "
Bernard Spangler.....	Germany.....	Tailor	50	Insolation.....	" 14, "
David Gorman.....	Ireland.....	Laborer	50	Chronic Diarrhoea.....	" 14, "

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John Eterell.....	England.....	Laborer.....	12	Malarial Fever.....	July	14, 1876.
Jim Smith.....	Mississippi.....	Laborer.....	40	Amputation of Leg.....	"	15, "
Amelia Ebella.....	Missouri.....		20	Tuberculosis.....	"	16, "
James Douglass.....	Virginia.....	Laborer.....	50	Apoplexy.....	"	16, "
James C. Watkins.....	Tennessee.....	Cook.....	35	Gunshot Wound of Chest.....	"	17, "
Robert Walker.....	England.....	Umbrella Maker.....	47	Angina Pectoris.....	"	17, "
+ Laurent Morales.....	Louisiana.....	Cigar Maker.....	25	Phthisis Pulmonalis.....	"	18, "
Thomas Jackson.....	Louisiana.....	Laborer.....	19	Diarrhea.....	"	18, "
Blasius Huckle.....	Germany.....	Laborer.....	63	Dysentery.....	"	19, "
Theresa Tallon.....	Ireland.....		34	Malarial Fever.....	"	19, "
Emile Rodrigues.....	Louisiana.....	Shoemaker.....	35	Tertiary Syphilis.....	"	20, "
William Dunn.....	Ireland.....	Boatman.....	49	Collapse.....	"	20, "
Thomas Hyat.....	Virginia.....	Waiter.....	50	Insolation.....	"	20, "
William Young.....	Germany.....	Shoemaker.....	60	Anaemia.....	"	20, "
Harry Brown.....	Virginia.....	Laborer.....	59	Albuminuria.....	"	21, "
Houston Vaughn.....	Louisiana.....	Laborer.....	19	Septicæmia.....	"	21, "
Flora Johnson.....	Alabama.....		19	Phthisis Pulmonalis.....	"	21, "
John Ryan.....	Ireland.....	Laborer.....	59	Diarrhea.....	"	21, "
Nicholas Butler.....	Ireland.....	Plasterer.....	31	Chronic Dysentery.....	"	22, "
Franz Tiersing.....	Hungary.....	Laborer.....	40	Tetanus.....	"	22, "
Peter Casney.....	Louisiana.....	Laborer.....	33	Serofulæ.....	"	22, "
Jean Marie Lestrade.....	France.....	Milkman.....	40	Insolation.....	"	22, "
Emma Williams.....	Kentucky.....		16	Pneumonia.....	"	24, "
John Ortis.....	Louisiana.....	Laborer.....	38	Mitral Regurgitation.....	"	24, "
Patrick Moran.....	Ireland.....	Laborer.....	50	Gangrene of Lungs.....	"	24, "
Lena Reynolds.....	Louisiana.....		20	Phthisis Pulmonalis.....	"	24, "
Laura Young.....	Louisiana.....		25	Phthisis Pulmonalis.....	"	25, "
Ann Jane Canton.....	Louisiana.....		23	Epilepsy.....	"	25, "
Marcelin Buzy.....	France.....	Clerk.....	28	Remittent Fever.....	"	25, "
Michael Miller.....	Georgia.....	Laborer.....	25	Phthisis Pulmonalis.....	"	25, "
Richard Barnes.....	Alabama.....	Beggar.....	55	Diarrœa.....	"	25, "
John Fauchot.....	Louisiana.....	Cigar Maker.....	17	Malarial Fever.....	"	26, "
Mary Scully.....	Ireland.....		28	Phthisis Pulmonalis.....	"	28, "
Jenny Johnson.....	Missouri.....		23	Phthisis Pulmonalis.....	"	28, "
Joseph Hubere.....	Germany.....	Laborer.....	27	Phthisis Pulmonalis.....	"	29, "
Josephine Ross.....	Louisiana.....		18	Phthisis Pulmonalis.....	"	30, "
William Geiser.....	Germany.....	Milkman.....	46	Uraemia.....	"	30, "

TABLE—Continued.

NAMES.	NATIVITY.	OCCUPATION.	AGE.	CAUSE OF DEATH.	DATE OF DEATH.
Bridget McDermott.	Ireland.		60	Chronic Diarrhoea.	July 31, 1876.
Abram Beard.	Kentucky.	Laborer.	70	Senile Debility.	" 31, "
Ellen Toto.	Louisiana.		45	Cancer of Breast.	August 1, "
John Anderson.	Sweden.	Fisherman.	37	Congestive Chills.	" 2, "
Martin Cuniff.	Ireland.	Laborer.	50	Uremia.	" 3, "
Henry Thurnby.	France.		48	Malarial Fever.	" 4, "
Elias Clark.	Ireland.	Laborer.	23	Malarial Fever.	" 4, "
Richard Helmke.	Germany.	Laborer.	54	Cancer of Stomach.	" 4, "
James H. Moore.	New York.	Laborer.	50	Mania a Potu.	" 4, "
Richard Larkin.	Virginia.	Laborer.	76	Diarrhoea.	" 5, "
Charles Ayclo.	Malta.	Laborer.	49	Pernicious Fever.	" 5, "
John Abribat.	France.	Butcher.	73	Cerebral Meningitis.	" 6, "
Martha Smith.	Alabama.		19	Bilious Remittent Fever.	" 7, "
Emma Farmer.	Louisiana.		14	Typho Malarial Fever.	" 8, "
Michael Williams.	Illinois.	Laborer.	37	Malarial Fever.	" 9, "
Marcus Young.	South Carolina.	Blacksmith.	57	Albuminuria.	" 9, "
Michael Loury.	Ireland.	Laborer.	48	Chronic Diarrhoea.	" 10, "
John Voelker.	Germany.	Nurse.	34	Phthisis Pulmonalis.	" 11, "
Alexander Gidrey.	Louisiana.	Laborer.	80	Senile Debility.	" 11, "
Celestine O'Brien.	Louisiana.		25 d'ys	Convulsions.	" 11, "
Marx Meyer.	Germany.	Painter.	56	Malarial Fever.	" 12, "
Garritt Tallon.	Ireland.	Laborer.	42	Dysentery.	" 12, "
Mathew Kelly.	Ireland.	Seaman.	39	Malarial Fever.	" 12, "
Tilford Smith.	Louisiana.	Farmer.	28	Cirrhosis of Liver.	" 13, "
William Watkins.	Virginia.	Laborer.	52	Pyæmia.	" 13, "
Richard Allen.	Louisiana.	Laborer.	42	Phthisis Pulmonalis.	" 13, "
John Schroeder.	Germany.	Laborer.	26	Malarial Fever.	" 13, "
Adolphe Zunod.	France.	Gardener.	34	Phthisis Pulmonalis.	" 13, "
Mary Farmer.	Ireland.		22	Chronic Diarrhoea.	" 14, "
Mary Matthews.	Ireland.		40	Albuminuria.	" 14, "

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George Veany.....	Virginia.....	Laborer.....	27	Albuminuria.....	August	14, 1876.
Louis C. Sandman.....	Louisiana.....	Carpenter.....	24	Comp. Fracture of Extremities	"	14, "
Baptiste Capdeville.....	France.....	Butcher.....	58	Chronic Dysentery.....	"	14, "
John W. Mead.....	Ohio.....	Swamper.....	64	Malarial Fever.....	"	17, "
Charles Murray.....	England.....	Laborer.....	38	Congestion of Brain.....	"	17, "
Edward Thompson.....	Pennsylvania.....	Stone Cutter.....	30	Chronic Dysentery.....	"	17, "
Kitty Gates.....	South Carolina.....		53	Pernicious Fever.....	"	18, "
Thomas Hazlett.....	Louisiana.....	Laborer.....	24	Peritonitis.....	"	20, "
David Braden.....	Pennsylvania.....	Cabinet Maker.....	70	Chronic Dysentery.....	"	21, "
Elizabeth Wells.....	Georgia.....		73	Heart Disease.....	"	21, "
John Davis.....	Pennsylvania.....	Laborer.....	39	Ascites.....	"	21, "
Terence Cook.....	Ireland.....		50	Chronic Bronchitis.....	"	22, "
Jemenia Murray.....	Scotland.....		49	Chronic Diarrhea.....	"	23, "
Thomas Slack.....	Germany.....	Laborer.....	35	Bilious Remittent Fever.....	"	23, "
John M. King.....	Missouri.....	Printer.....	19	Phthisis Pulmonalis.....	"	23, "
Virginia Young.....	Louisiana.....		2 Mos	Cholera Infantum.....	"	24, "
Annie Carter.....	Louisiana.....		34	Chronic Diarrhea.....	"	25, "
Catharine Lohr.....	Germany.....		51	Chronic Diarrhea.....	"	25, "
Unknown White Man.....	Italy.....	Unknown.....	53	Congestion of Brain.....	"	26, "
Benjamin Killinsworth.....	South Carolina.....	Laborer.....	41	Pneumonia.....	"	26, "
Fanny York.....	Louisiana.....		35	Burns.....	"	26, "
John Reed.....	Ireland.....	Teamster.....	70	Phthisis Pulmonalis.....	"	26, "
George Jones.....	Texas.....	Laborer.....	16	Anæmia.....	"	26, "
Dennis Donovan.....	Ireland.....	Laborer.....	37	Phthisis Pulmonalis.....	"	26, "
James Harris.....	New York.....	Bar Keeper.....	28	Phthisis Pulmonalis.....	"	26, "
Demetro Cruz.....	Mexico.....	Laborer.....	38	Cirrhosis of Liver.....	"	26, "
Edward Scott.....	Germany.....	Hostler.....	51	Malarial Fever.....	"	27, "
John Jones.....	England.....	Laborer.....	60	Chronic Diarrœa.....	"	27, "
Charles Johnson.....	Finland.....	Bar Tender.....	34	Congestive Fever.....	"	28, "
Frederick Scheveyer.....	Germany.....	Barber.....	36	Phthisis Pulmonalis.....	"	28, "
George Wallace.....	Virginia.....	Laborer.....	60	Malarial Fever.....	"	28, "
Jean Fontan.....	France.....	Milkman.....	19	Malarial Fever.....	"	28, "
Madison Davis.....	Louisiana.....	Laborer.....	17	Malarial Fever.....	"	28, "
Joshua Scott.....	Louisiana.....	Boatman.....	22	Phthisis Pulmonalis.....	"	28, "
John Wunch.....	Germany.....	Slater.....	42	Penicious Fever.....	"	29, "
Ellen Wood.....	Missouri.....		23	Tuberculosis.....	"	29, "
Harriet A. Butler.....	Virginia.....		30	Mitral Regurgitation.....	"	29, "

TABLE—Continued.

NAMES.	NATIVITY.	OCCUPATION.	AGE.	CAUSE OF DEATH.	DATE OF DEATH.
Conrad Holmstock.	Germany		65	Chronic Dysentery.	August 30, 1876.
Ann Moran.	Ireland		45	Chronic Gastritis.	" 30, "
Frederick Hart.	Germany	Book Keeper.	68	Chronic Dysentery.	September 1, "
Angelo F. Valle.	Italy	Fisherman.	46	Abcess of Liver.	" 1, "
Unknown White Man			35	Pernicious Fever.	" 2, "
William Thompson.	North Carolina	Laborer.	45	Malarial Fever.	" 2, "
Wendelin Weymann.	Germany	Tailor.	51	Phthisis Pulmonalis.	" 2, "
Samuel Alesberry.	Mississippi	Laborer.	52	Tuberculosis.	" 3, "
Philip Alfred.	Germany	Laborer.	40	Phthisis Pulmonalis.	" 3, "
Elizabeth Leatt.	Connecticut		72	Paralysis.	" 6, "
Auguste Braun.	Sweden	Laborer.	29	Malarial Fever.	" 6, "
Jean Maupas.	France	Laborer.	46	Phthisis Pulmonalis.	" 7, "
Frank Finnerty.	Ireland	Laborer.	33	Bilious Remittent Fever.	" 7, "
Nelson Scott.	Virginia	Laborer.	60	Senile Debility.	" 7, "
Emma Coleman.	Louisiana		2 Mos	Pneumonia.	" 8, "
Catharine Durnhofer.	Germany		23	Phthisis Pulmonalis.	" 9, "
Mary Martin.	Ireland		29	Phthisis Pulmonalis.	" 10, "
Madelaine Boubede.	Germany		23	Phthisis Pulmonalis.	" 10, "
Sin Yah.	China	Laborer.	34	Cirrhosis of Liver.	" 11, "
Jackson Taylor.	Virginia	Laborer.	60	Cancer.	" 13, "
Cornelius C. Wood.	Mississippi	Telegraph Mess'ger	18	Phthisis Pulmonalis.	" 13, "
Isaae William.	Mississippi	Laborer.	25	Phthisis Pulmonalis.	" 15, "
George Hyde.	Mississippi	Laborer.	26	Pneumonia.	" 15, "
John Frisby.	England	Cook.	39	Malarial Coma.	" 15, "
John M. Willis.	England	Laborer.	52	Malarial Fever.	" 15, "
Charles Turner.	England	Carpenter.	57	Malarial Fever.	" 16, "
William Jury.	Ohio	Laborer.	50	Chronic Diarrhoea.	" 16, "
Matthew Mulruney.	England	Machinist.	40	Malarial Fever.	" 17, "
William Jackson.	Alabama	Laborer.	26	Phthisis Pulmonalis.	" 17, "
James Smith.	North Carolina	Blacksmith.	36	Hypertrophy of Heart.	" 18, "

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Michael Casey	Ireland	Laborer	55	Malarial Fever	September	18, 1876.
Adam Gaiber	Germany	Wheelwright	62	Cancer of Liver and Bladder	"	19, "
George Ruch	Germany		60	Pneumonia	"	19, "
Rosa Rogers	Virginia		65	Albuminuria	"	19, "
Appie Fagan	Ireland		40	Chronic Diarrhoea	"	19, "
Lewelyn Lloyd	England	Waiter	25	Pericarditis	"	19, "
Edward Oakes	Ireland	Watchman	50	Phthisis Pulmonalis	"	20, "
Francis Vieira	Portugal	Laborer	50	Malarial Fever	"	20, "
James Wall	Maryland	Clerk	38	Malarial Fever	"	20, "
Julia Farrell	Ireland		74	Chronic Diarrhoea	"	20, "
Benjamin Franklin	Pennsylvania	Laborer	65	Phthisis Pulmonalis	"	20, "
Oscar Cook	Ohio	Raftman	..	Bilious Remittent Fever	"	22, "
Patrick Dorsey	Ireland	Laborer	44	Malarial Fever	"	22, "
Ann Shepherd	Ohio		32	Phthisis Pulmonalis	"	23, "
Peter Carragher	Ireland	Laborer	32	Malarial Fever	"	24, "
Hans Peter	Denmark	Laborer	33	Typhoid Fever	"	24, "
Harry Wilson	New York	Laborer	32	Malarial Fever	"	25, "
Mary Lynch	Ireland		37	Alcoholism	"	25, "
Laure Sow	China	Laborer	30	Phthisis Pulmonalis	"	26, "
Betsy Lewis	Virginia		53	Fibroid Tumor of Uterus	"	26, "
Jennie Nixon	Louisiana		26	Phthisis Pulmonalis	"	26, "
Walter Simms	Mississippi	Boatman	24	Phthisis Pulmonalis	"	26, "
John Rice	Madeira Islands	Laborer	48	Malarial Fever	"	27, "
Charles Lewis	Virginia	Laborer	23	Serofula	"	27, "
David Williams	Louisiana	Laborer	32	Mitral Regurgitation	"	28, "
Bridget Liday	Ireland		31	Yellow Fever	"	28, "
Jose Carbon	Spain	Laborer	30	Dysentery	"	28, "
Mary Lambert	Louisiana		19	Phthisis Pulmonalis	"	30, "
Susan Reeves	Louisiana		37	Chronic Pleurisy	"	30, "
Charles Walker	Ohio	Laborer	47	Tuberculosis	"	30, "
Ah Sat	China	Laborer	45	Opium Poisoning	October	2, "
James Barrett	Ireland	Laborer	64	Chronic Diarrhoea	"	3, "
Etienne Beday	France	Gardener	45	Mitral Regurgitation	"	3, "
Wade Hammersen	Georgia	Laborer	60	Malarial Fever	"	4, "
Sarah Jason	Virginia		70	Senile Gangrene	"	5, "
Harriet Young	Virginia		83	Diarrhoea	"	5, "
Elizabeth Sickeney	Germany		46	Apoplexy	"	5, "

TABLE—Continued.

NAMES.	NATIVITY.	OCCUPATION.	AGE.	CAUSE OF DEATH.	DATE OF DEATH.
John Connors.....	Ireland.....	Laborer.....	55	Malarial Fever.....	October 5, 1876.
Michel.....	France.....		58	Malarial Fever.....	" 6, "
Thomas Martin.....	Ireland.....	Laborer.....	48	Pernicious Fever.....	" 6, "
Nicola Ferraro.....	Italy.....	Oyster Man.....	24	Malarial Fever.....	" 6, "
Josephine Laporte.....	Cuba.....		32	Cystitis.....	" 6, "
Nancy Armstead.....	North Carolina.....		65	Senile Debility.....	" 6, "
William Lyons.....	Ireland.....	Shoemaker.....	49	Malarial Fever.....	" 7, "
Catharine Brown.....			50	Chronic Diarrhoea.....	" 9, "
Julien Blakesly.....	Louisiana.....	Laborer.....	16	Chronic Diarrhea.....	" 9, "
William Randolph.....	Louisiana.....	Laborer.....	55	Pyæmia.....	" 10, "
Frank Brittan.....	Kentucky.....	Cook.....	51	Cerebritis.....	" 10, "
Henry Leonard.....	Ireland.....	Laborer.....	48	Diarrhoea.....	" 11, "
Courad Enters.....	Germany.....	Laborer.....	70	Senile Debility.....	" 11, "
Mary Marshall.....	Ireland.....		35	Delirium Tremens.....	" 13, "
Johan Soick.....	Austria.....	Fisherman.....	35	Malarial Coma.....	" 13, "
Henry Wilson.....	Maryland.....	Laborer.....	100	Senile Debility.....	" 13, "
John Miles.....	Germany.....	Carpenter.....	28	Bilious Remittent Fever.....	" 13, "
Joseph McCormack.....	Missouri.....	Engineer.....	37	Haemorrhage of Lungs.....	" 13, "
William Jones.....	Massachusetts.....	Laborer.....	28	Phthisis Pulmonalis.....	" 13, "
Domenick Brown.....	Ireland.....	Laborer.....	29	Gunshot Wound of Leg.....	" 13, "
Charles Jackson.....	Sweden.....	Laborer.....	25	Tuberculosis.....	" 14, "
Bernard Tully.....	Ireland.....	Cooper.....	52	Chronic Diarrhoea.....	" 14, "
Mary Smith.....	Ireland.....		50	Peritonitis.....	" 14, "
Leonora Hunt.....	Ireland.....		37	Paralysis.....	" 14, "
Stephen B. Semple.....	Pennsylvania.....	Boatman.....	50	Peritonitis.....	" 14, "
Henrietta Porter.....	Ireland.....		47	Tetanus.....	" 15, "
Rose Murphy.....	Ireland.....		65	Cancer of Uterus.....	" 15, "
William Reichart.....	Germany.....	Laborer.....	30	Pleuro Pneumonia.....	" 15, "
William Tompkins.....	Ireland.....	Laborer.....	28	Chronic Diarrhoea.....	" 16, "
Louis Jenkins.....	Virginia.....	Laborer.....	39	Malarial Fever.....	" 16, "

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John Barbeto.....	Spain.....	Laborer.....	23	Chronic Diarrhoea.....	October	17, 1876.
Maximilien Lazarini.....	Tuscany.....	Laborer.....	40	Cancer of Stomach.....	"	17, "
Hannah Sprague.....	Louisiana.....	.....	20	Mitral Regurgitation.....	"	17, "
Thomas Keenan.....	Louisiana.....	Cotton Sampler.....	22	Mitral Regurgitation.....	"	18, "
Max Smith.....	Germany.....	Cooper.....	55	Senile Debility.....	"	18, "
Carl Vrelock.....	Germany.....	Gardener.....	57	Phthisis Pulmonalis.....	"	20, "
Catharine Praislin.....	Ireland.....	.....	60	Malarial Fever.....	"	21, "
James O'Neil.....	Louisiana.....	Laborer.....	20	Malarial Fever.....	"	21, "
George Williams.....	Kentucky.....	Laborer.....	55	Apoplexy.....	"	21, "
Lucy Mason.....	Louisiana.....	.....	36	Chronic Dysentery.....	"	21, "
Alfred Rollins.....	Mississippi.....	Laborer.....	26	Phthisis Pulmonalis.....	"	23, "
Rachel Gray.....	Virginia.....	.....	29	Chronic Diarrhoea.....	"	23, "
Mary Racas.....	Louisiana.....	.....	21	Congestion of Brain.....	"	23, "
Francis Genois Laché.....	Louisiana.....	Laborer.....	60	Malarial Fever.....	"	24, "
Michael Byrne.....	Ireland.....	Laborer.....	21	Malarial Coma.....	"	24, "
Stephen Roberts.....	Ireland.....	Laborer.....	54	Chronic Hepatitis.....	"	24, "
Michael Torpy.....	Ireland.....	Laborer.....	40	Chronic Dysentery.....	"	24, "
Christine Mitton.....	Louisiana.....	.....	18	Phthisis Pulmonalis.....	"	25, "
Michael Murphy.....	Ireland.....	Laborer.....	83	Senile Gangrene.....	"	25, "
Charles Kahl.....	Germany.....	Laborer.....	33	Malarial Toxaemia.....	"	25, "
Jordan Brown.....	North Carolina.....	Laborer.....	68	Chronic Diarrhoea.....	"	26, "
George Brown.....	Georgia.....	Cook.....	35	Emphysema of Lungs.....	"	26, "
Peter Baurret.....	France.....	Blacksmith.....	33	Malarial Fever.....	"	26, "
Joshua Monroe.....	Kentucky.....	Carpenter.....	78	Senile Debility.....	"	26, "
Elmore Goode.....	North Carolina.....	Laborer.....	26	Dysentery.....	"	26, "
James Willis.....	Virginia.....	Laborer.....	56	Gunshot Wound of Abdomen.....	"	26, "
Mary I. Robertson.....	Louisiana.....	.....	30	Tertiary Syphilis.....	"	27, "
Jules Grolemont.....	France.....	Brewer.....	38	Gunshot Wound of Head.....	"	28, "
Bridget Stafford.....	Ireland.....	.....	50	Malarial Fever.....	"	28, "
Henry Schlater.....	Germany.....	Fisherman.....	46	Chronic Diarrhoea.....	"	29, "
Nicholas Showman.....	Germany.....	Pedler.....	50	Malarial Fever.....	"	29, "
William Foreman.....	Virginia.....	Laborer.....	57	Pleuro Pneumonia.....	"	30, "
Caroline Williams.....	Louisiana.....	.....	2	Phthisis Pulmonalis.....	"	30, "
Margaret McCaffry.....	Ireland.....	.....	60	Senile Debility.....	"	31, "
Mary Holt.....	Virginia.....	.....	35	Chronic Diarrhoea.....	"	31, "
George Brown.....	Georgia.....	Boatman.....	46	Pneumonia.....	"	31, "
Frances Ambruser.....	Germany.....	.....	56	Phthisis Pulmonalis.....	"	31, "

TABLE—Continued.

NAMES.	NATIVITY.	OCCUPATION.	AGE.	CAUSE OF DEATH.	DATE OF DEATH.
William Bradford.	Ireland.	Laborer.	40	Chronic Dysentery.	November 1, 1876.
Benjamin Fuller.	Louisiana.	Boatman.	18	Pyæmia.	" 1, "
Nicholas Holborger.	Germany.	Laborer.	46	Remittent Fever.	" 1, "
James Jackson.	Virginia.	Laborer.	40	Malarial Fever.	" 2, "
Andrew Harvey.	Virginia.	Laborer.	40	Malarial Fever.	" 2, "
Joseph Flink.	Germany.	Tailor.	46	Malarial Fever.	" 2, "
Adolphe Fischer.	Germany.	Boiler Maker.	28	Malarial Coma.	" 2, "
John C. Bundy.	New Orleans, La.	Painter.	43	Malarial Coma.	" 3, "
Julius Young.	Mississippi.	Laborer.	24	Albuminuria.	" 3, "
James Carroll.	Massachusetts.	Laborer.	40	Catarrhal Bronchitis.	" 3, "
Jacob Herman.	Germany.	Laborer.	46	Chronic Dysentery.	" 5, "
Louis Bourdon.	France.	Fisherman.	30	Double Pneumonia.	" 5, "
Alexander Hall.	Virginia.	Carpenter.	62	Pneumonia.	" 6, "
Munroe Smith.	New Orleans, La.	Waiter.	15	Traumatic Tetanus.	" 6, "
Isaac Johnson.	South Carolina.	Laborer.	96	Senile Debility.	" 6, "
Joseph Curtette.	France.	Laborer.	45	Pneumonia.	" 6, "
Mary Maher.	Ireland.		60	Burns.	" 7, "
James Linden.	New York.	Raftsman.	28	Congestive Fever.	" 8, "
Mary Vincent.	Germany.		19	Phthisis Pulmonalis.	" 9, "
Amanda Turner.	New Orleans, La.		20	Chronic Diarrhoea.	" 9, "
James Griffin.	Ireland.	Laborer.	36	Yellow Fever.	" 9, "
Grandison Burney.	Alabama.	Barber.	45	Chronic Pneumonia.	" 10, "
Mary F. Hunt.	Ireland.		60	Paralysis.	" 11, "
Margaret Lark.	Ireland.		56	Tuberculosis.	" 11, "
Luke Carolan.	Ireland.	Laborer.	56	Dysentery.	" 12, "
Joseph Lyons.	New York.	Laborer.	26	Malarial Toxaemia.	" 12, "
Alexander Thompson.	North Carolina.	Laborer.	45	Phthisis Pulmonalis.	" 13, "
William Stevens.	New Orleans, La.	Laborer.	24	Pernicious Fever.	" 13, "
Elizabeth Duany.	Ireland.		34	Mitral Regurgitation.	" 14, "
Michael McCarthy.	Ireland.	Laborer.	49	Cancer of Stomach.	" 14, "

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Paul Gindre.	France.	Painter.	22	Malarial Hematuria.	November	15, 1876.
Henry Wilson.	Virginia.	Boatman.	34	Pernicious Fever.	"	15, "
Erastus Concklin.	New York.	Boatman.	36	Phthisis Pulmonalis.	"	16, "
John Holly.	Ireland.	Laborer.	55	Phthisis Pulmonalis.	"	16, "
George Lensz.	Poland.	Laborer.	38	Malarial Fever.	"	17, "
Andrew Lindner.	Germany.	Laborer.	45	Malarial Coma.	"	17, "
Andrew Jackson.	Mississippi.	Laborer.	49	Malarial Fever.	"	18, "
Mary Hickey.	New Orleans, La.		32	Asthma.	"	19, "
Dolly Avery.	Virginia.		60	Asthma.	"	19, "
John Conroy.	Ireland.	Serewman.	48	Malarial Fever.	"	20, "
Philipina Merz.	Germany.		60	Chronic Bronchitis.	"	20, "
Francis McKenna.	New York.	Laborer.	31	Dysentery.	"	20, "
Christopher Lieber.	Germany.	Laborer.	47	Phthisis Pulmonalis.	"	20, "
John Scooler.	Canada.	Canvasser.	35	Diarrhoea.	"	20, "
George Proctor.	Louisiana.	Laborer.	22	Phthisis Pulmonalis.	"	20, "
Jane Dillon.	Virginia.		50	Congestion of Brain.	"	21, "
Frank Perry.	Scotland.	Time Keeper.	56	Malarial Fever.	"	21, "
Peter Moss.	New Orleans, La.	Painter.	24	Malarial Fever.	"	22, "
Benjamin Farley.	Mississippi.	Laborer.	26	Gunshot Wound of Abdomen.	"	23, "
Ann Cook.	Maryland.		45	Cirrhosis of Liver.	"	23, "
Henry Williams.	New Jersey.	Carpenter.	50	Hemiplegia.	"	23, "
John Murphy.	Ireland.	Laborer.	35	Cerebritis.	"	24, "
Hannah King.	Ireland.		54	Phthisis Pulmonalis.	"	24, "
John Collins.	New York.	Laborer.	26	Albuminuria.	"	24, "
James Shea.	Ireland.	Laborer.	48	Pneumonia.	"	24, "
Bernard Smith.	England.	Laborer.	59	Erysipelas of Face.	"	24, "
Michael Keating.	Ireland.	Gardener.	82	Aortic Regurgitation.	"	25, "
Michael Murphy.	Ireland.	Carpenter.	38	Phthisis Pulmonalis.	"	25, "
Julia Fitte.	France.		21	Empyema.	"	25, "
Louis Percival.	France.	Bridge Keeper.	65	Malarial Toxaemia.	"	26, "
Peter Byrne.	Ireland.	Bricklayer.	36	Malarial Fever.	"	26, "
Jean Lacoste.	France.	Butcher.	80	Senile Debility.	"	26, "
Nicholas Schlusher.	Germany.	Laborer.	70	Senile Debility.	"	26, "
Sarah Tyrell.	Ireland.		40	Phthisis Pulmonalis.	"	26, "
Nellie Pollin.	Ohio.		29	Chronic Diarrhea.	"	27, "
Salvador Carleo.	Italy.	Laborer.	26	Phthisis Pulmonalis.	"	27, "
Mary White.	Ireland.		60	Senile Debility.	"	28, "

TABLE—Continued.

NAMES.	NATIVITY.	OCCUPATION.	AGE.	CAUSE OF DEATH.	DATE OF DEATH.
Mary A. McCarthy.....	New Orleans, La.....	.....	19	Epilepsy.....	November 29, 1876.
Celia Ryan.....	Ireland.....	.....	45	Burn of Back.....	December 1, " ".
John McGee.....	Ireland.....	Laborer.....	45	Chronic Diarrhoea.....	1, " ".
Anna Waters.....	Maryland.....	.....	60	Paralysis.....	2, " ".
Patrick Costello.....	Ireland.....	Laborer.....	50	Chronic Diarrhoea.....	25, " ".
Thomas Holbert.....	Norway.....	Carpenter.....	49	Hydrothorax.....	3, " ".
John Anderson.....	Scotland.....	Laborer.....	49	Phthisis Pulmonalis.....	3, " ".
William Wyble.....	New Orleans, La.....	Boatman.....	33	Hemorrhage of Lungs.....	4, " ".
John Williams.....	New Orleans, La.....	Laborer.....	30	Tuberculosis.....	4, " ".
Charles Avowski.....	Austria.....	Laborer.....	28	Chronic Diarrhoea.....	5, " ".
William James.....	Mobile, Ala.....	Laborer.....	24	Pneumonia.....	5, " ".
William Powers.....	Ireland.....	Laborer.....	45	Apoplexy.....	6, " ".
Fredericka Faul.....	Germany.....	.....	38	Phthisis Pulmonalis.....	6, " ".
Henry Smidt.....	Prussia.....	Laborer.....	56	Pneumonia.....	6, " ".
Mrs. John Petré.....	France.....	.....	40	Extensive Burn.....	6, " ".
John O'Hara.....	Ireland.....	Laborer.....	58	Pneumonia.....	6, " ".
John Hynes.....	Ireland.....	Laborer.....	35	Pleurisy.....	7, " ".
Robert Burke.....	Ireland.....	Laborer.....	48	Apoplexy.....	7, " ".
John Chanchon.....	France.....	Milkman.....	25	Malarial Fever.....	7, " ".
Clara Nichols.....	France.....	.....	60	Cerebral Apoplexy.....	8, " ".
John Bachus.....	Mississippi.....	Laborer.....	41	Chronic Dysentery.....	8, " ".
Dennis Halpin.....	New Orleans, La.....	.....	12	Marasmus.....	9, " ".
John Mitchell.....	Ireland.....	Laborer.....	38	Rheumatic Carditis.....	9, " ".
Lillie Winder.....	Maryland.....	.....	30	Tuberculosis.....	9, " ".
Matilda Shannon.....	Tennessee.....	.....	44	Tuberculosis.....	10, " ".
Titus Butler.....	Virginia.....	Laborer.....	90	Senile Debility.....	10, " ".
Rosina Linderman.....	Germany.....	.....	73	Acute Dysentery.....	10, " ".
Raphael Carter.....	Louisiana.....	Laborer.....	24	Pneumonia.....	11, " ".
St. Villa Saint.....	New Orleans, La.....	Laborer.....	52	Erysipelas.....	11, " ".
Thompson Collins.....	North Carolina.....	Laborex.....	50	Paralysis.....	12, " ".

OF THE CHARITY HOSPITAL.

John Alexander.	Kentucky.	Laborer.	76	Chronic Diarrhoea.	December	13, 1876.
John Evans.	Virginia.	Gardener.	60	Chronic Diarrhoea.	"	13, "
George Wheeler.	Louisiana.	Farmer.	34	Double Pneumonia.	"	13, "
Jerry Born.	South Carolina.	Boatman.	26	Gunshot Wound of Head.	"	14, "
Herman Kurin.	Germany.	Gardener.	54	Pneumonia.	"	14, "
John Chilton.	New Orleans, La.	Laborer.	17	Congestion of Lungs.	"	14, "
George Simon.	Alabama.	Laborer.	44	Phthisis Pulmonalis.	"	15, "
William Brown.	Kentucky.	Laborer.	28	Malarial Fever.	"	15, "
Richard Hambleton.	England.	Shoemaker.	65	Malarial Fever.	"	15, "
Robert Jennings.	England.	Boiler Maker.	61	Malarial Fever.	"	15, "
Jack Brown.	Louisiana.	Laborer.	27	Extravasation of Urine.	"	18, "
Henry Brown.	Ireland.	Brakesman.	36	Phthisis Pulmonalis.	"	18, "
William Nelson.	Virginia.	Laborer.	60	Pneumonia.	"	19, "
Jacob de Boer.	Netherlands.	Baker.	26	Pneumonia.	"	19, "
Patrick McLaughlin.	Ireland.	Laborer.	42	Phthisis Pulmonalis.	"	19, "
Jefferson Washington.	Louisiana.		8	Chronic Diarrhoea.	"	19, "
John Mulligan.	Tennessee.	Laborer.	33	Empyema.	"	20, "
Michael J. Kean.	Ireland.	Carpenter.	54	Phthisis Pulmonalis.	"	20, "
John Rassetto.	Italy.	Laborer.	42	Phthisis Pulmonalis.	"	20, "
Peter McClellan.	Scotland.	Laborer.	48	Emphysema of Lungs.	"	20, "
William Adams.	Ireland.	Laborer.	64	Phthisis Pulmonalis.	"	20, "
Charles Lafayette.	France.	Laborer.	40	Pulmonary Congestion.	"	21, "
Patrick McGinty.	Ireland.	Laborer.	66	Asthma.	"	21, "
Joseph Baxter.	New York.	Teacher.	33	Albuminuria.	"	21, "
Charles Davis.	Missouri.	Laborer.	20	Phthisis Pulmonalis.	"	22, "
William Jones.	Unknown.	Laborer.	42	Septicæmia.	"	22, "
James Mack.	South Carolina.	Fisherman.	38	Mitral Regurgitation.	"	23, "
William Payne.	New York.	Seaman.	42	Malarial Fever.	"	23, "
Philip Duffis.	France.	Collector.	42	Pleuro Pneumonia.	"	23, "
William Howard.	Virginia.	Laborer.	73	Senile Debility.	"	24, "
Mary Jones.	Louisiana.		19	Phthisis Pulmonalis.	"	24, "
Margaret Louisa.	North Carolina.		25	Pneumonia.	"	25, "
Peter Daly.	Ireland.	Stone Mason.	40	Albuminuria.	"	26, "
H. Yung.	China.	Laborer.	36	Tetanus.	"	26, "
Eli Manuel.	Louisiana.	Laborer.	28	Albuminuria.	"	26, "
Jessie Crowley.	Kentucky.	Laborer.	40	Hemiplegia.	"	27, "
Michael Sweeney.	Ireland.	Laborer.	52	Chronic Malarial Poisoning.	"	27, "

TABLE—Continued.

NAMES.	NATIVITY.	OCCUPATION.	AGE.	CAUSE OF DEATH.	DATE OF DEATH.
Mary Condon.....	Ireland.....		36	Malarial Fever.....	December 28, 1876.
Dennis Leonard.....	Ireland.....	Tailor.....	37	Phthisis Pulmonalis.....	" 29, "
Joseph Crowbar.....	Italy.....	Fisherman.....	44	Chronic Asthma.....	" 29, "
William Flynn.....	Ireland.....	Laborer.....	45	Delirium Tremens.....	" 29, "
Joseph Zeigler.....	Germany.....	Laborer.....	60	Pneumonia.....	" 29, "
Toby Clark.....	Mississippi.....	Boatman.....	18	Double Pneumonia.....	" 30, "
Charles Pierce.....	Alabama.....	Laborer.....	21	Pneumonia.....	" 31, "
William Bell.....	Virginia.....	Laborer.....	60	Typhoid Fever.....	" 31, "
Pauline Gentry.....	Louisiana.....		25	General Burn.....	" 31, "
Barney Carr.....	Canada.....	Farmer.....	60	Phthisis Pulmonalis.....	" 31, "
Modest Phillippe.....	Louisiana.....		55	Paralysis.....	" 31, "

CHARITY HOSPITAL.

TABLE

—OF—

Diagnoses, Patients Remaining, Discharged, and Died,

—FOR THE—

Year ending December 31st, 1876.

Report of Diseases

From January 1st to December 31st, 1876.

NOMENCLATURE.

	No. Patients Remaining	Discharged.	Died.
<i>Breast, Female, Diseases of the</i>			
Abscess, Mammary.....	1	3	1
Breast, Cancer of the.....			
<i>Circulatory System, Diseases of the</i>			
Aneurism.....	1	1	1
" Aortic.....		2	
" of Tibial Artery, (Ligated).....		1	
" of Aorta, Thoracic.....		2	2
Aortic Regurgitation.....		3	
" Obstruction.....	1	3	8
Heart, Diseases of the.....		1	
" Dilatation of the.....	1	1	1
" Hypertrophy of the.....	1	8	10
" Mitral Regurgitation of the.....	1	2	
" Insufficiency of the.....		5	
" Valvular Disease of the.....	2	2	1
Angina Pectoris.....			2
Pericarditis.....			
<i>Circulatory System, Diseases of the</i>			
Phlebitis.....		2	1
Carditis, Rhenumatic.....	1		
Pericarditis, Rheumatic.....			
<i>Cutaneous Diseases.</i>			
Condyloma.....		5	
Carbuncle.....		1	
" of Back.....		1	
" of Hip.....	3	9	
Eczema.....		1	
" Chronic.....		1	
" of Legs.....		1	
" of Head.....		1	
Ecthyma, Chronic.....	3	2	1
Elephantiasis.....		3	
Frost-Bite.....	2	2	
Furunculus.....		1	
" of Knee.....		1	
Herpes Zoster.....		1	
" Circinatus.....		1	
Inflamed Corn.....		2	
Onychia of Toe.....		2	
Pediculi.....			2

REPORT OF THE BOARD OF ADMINISTRATORS

REPORT OF DISEASES—CONTINUED.

NOMENCLATURE.

	No. Patients Remaining.	Discharged.	Died.
Psoriasis.....		1	
" Syphilitic.....	1	1	
Rupia, Syphilitic.....	2	2	
Scabies.....	3	3	
Pemphigus.....	1	1	
Lupus of Face.....	1	1	
<i>Digestive Organs, Diseases of the</i>			
Throat, Malignant Disease of.....		1	
" Ulceration of.....	3	3	3
Ascites.....	1	6	
Cancer of Stomach.....		1	
Colic.....	1	10	
" Bilious.....	8	8	
Colica Pictorum.....		5	
Constipation.....	1	1	
" Chronic.....	185	185	8
Cholerine.....	41	60	52
Diarrhoea.....	8	81	9
" Chronic.....	10	38	23
Dysentery.....		9	1
" Chronic.....		2	
Dyspepsia.....		1	
Duodenitis.....		2	
Fibroid Tumor of Mouth.....		6	2
Enteritis.....		2	3
Gastritis.....	1	3	2
" Chronic.....			
Gastralgia.....		2	
Gastro-Enteritis.....		2	1
Hernia.....	1	1	1
" Inguinal.....			
" Femoral, Strangulated.....		2	1
" Abdominal.....		1	
Leucocytethmia.....			
Malnutrition.....			
Ptyalism.....	1	6	
Stomatitis.....	1	1	
Tænia Solium.....		1	
Tabes Mesenterica.....		1	4
Haematemesis.....		1	
Peritonitis.....	1	1	
Splenitis.....			
<i>Ear, Diseases of the</i>			
Abscess of Ear.....		2	
Otitis.....		1	
Tumor of Ears.....		1	
<i>Eye, Diseases of the</i>			
Amblyopia.....		1	

OF THE CHARITY HOSPITAL.

REPORT OF DISEASES—CONTINUED.

NOMENCLATURE.

	No. Patients Remaining.	Discharged.	Died.
Abscess, Lachrymal.	1	1	
" of Cornea.	1	2	
Atrophy of Optic Nerve.	1	1	
Blind.			
Blepharitis.	1	14	
Cataract.	5	3	
" Double.	1	1	
" Traumatic.	1	6	
Conjunctivitis.	1	6	
" Catarrhal.		1	
" Chronic.		1	
Cornea, Sloughing of the.	4		
" Opacity of.		1	
Extirpation of Eye.		1	
Encephaloid of Eyeball and Orbit.		1	
Emphysema of Eyelids, Traumatic.	1		
Entropium.	1	1	
Fistula, Laehrymal.	5	16	
Granulations.	1	1	
" Chronic.		2	
" Tubercular.	2	1	
" Scrofulous.	1	5	
Gangrene of Cornea.	2	3	
Irido-Choroiditis.		2	
Iritis.		2	
" Syphilitic.	1	2	
" Specific.		3	
Keratitis.		1	
" Chronic.		1	
" Ulcerosa.		2	
" Phlyctenular.		1	
Ophthalmnia Catarrhal.		2	
" Gonorrhœal.		1	
" Purulent.		2	
Paralysis of <i>Motores Oculorum Nerves.</i>		1	
Phlegmon of Eyeball.		1	
Staphyloma.	1	1	
Trichiasis.		1	
Traumatic Injury of Eye.	6	4	
Ulcer of Cornea.		1	
Warts of Eyelids.		1	
Wound, Contused, of Cornea.			
<i>General Diseases.</i>			
Anæmia.	2	3	
Anasarca.		1	
" of Leg.		2	
Arthritis.	3	1	
" Rheumatic.		1	
Bubo.		20	

REPORT OF THE BOARD OF ADMINISTRATORS

REPORT OF DISEASES—CONTINUED.

NOMENCLATURE.

		No. Patients Remaining.	Discharged.	Died.
Bubo, Syphilitic		125		1
Chancere		4		
" with Bubo		1		
" " " and Circumcision		1		
" Hunterian		1		
" Serpiginous		2		1
Cancer			1	1
" of Face			1	1
" Rectum			1	1
" Bladder			1	1
" Testicles			1	1
" Lip		1		1
" Mouth			1	1
" Neck			1	1
" Liver and Bladder		48		
Chancroid			1	
" Phagedenic		5		
" and Phimosis		3		
" " Bubo		1	14	1
Cachexia, Malarial			1	1
Cholera Infantum			1	1
" Morbus		1	1	1
Congestive Chill			1	1
Coxalgia			1	1
Convulsions			3	1
Collapse			2	1
Epithelioma			2	1
" of Chest			1	
" Hand			1	
" Nose			1	
" Lip			1	
" Scrotum		84	1280	92
Fever, Intermittent		30	1039	
" Malarial			1	2
" Bilious Intermittent			98	5
" " Remittent		4	3	2
" Remittent			2	1
" Malarial, Chronic			1	
" " Typho			1	
" " and Abortiva		1	17	1
" Dengue			1	1
" Bilious			4	4
" Continued		1	3	8
" Typhoid			1	3
" Pernicious			1	4
" Catarrhal			1	2
" Congestive			1	1
" Puerperal			1	
" Yellow			1	
" Enteric			1	
" Rheumatic			1	

OF THE CHARITY HOSPITAL.

REPORT OF DISEASES—CONTINUED.

NOMENCLATURE.

	No. Patients Remaining.	Discharged.	Died.
Gangrene of Leg.....	1	2	1
" Senile.....			1
" of Lungs.....	1	1	
Hæmaturia, Traumatic.....	1	1	
" Malarial.....	4		
Lumbago.....	1	1	
Lipoma.....	1	1	
" of Hip.....	2	3	
Malarial Toxæmia.....		6	
" Coma.....		1	
" Hæmaturia.....		1	
Marasmus.....	1		
Ostitis.....	23	185	7
Pyæmia.....	1	4	
Rheumatism.....	23	185	2
" Subacute.....	4	14	
" Chronic.....	2	28	
" Syphilitic.....		14	
" Articular.....		6	
" Muscular.....	2	4	
" Inflammatory.....		1	
" Articular, Sub-Acute.....	1	32	2
Rubeola.....	21	104	
Syphilis.....		1	
" with Bubo.....	4	66	
" Secondary.....	11	28	3
" Tertiary.....	4	8	2
Serofulæ.....		1	
" Inflammation of Knee.....		1	1
Scirrhous of Face.....		1	
Hydrocephalus.....		1	
Inflammation, Phlegmonous, of Face.....		1	
" " " Brain.....		1	
" " " Finger.....		1	
Necrosis of Frontal Bone.....		1	1
" " Inferior Maxillary.....			
" " Orbital.....	1		
" " Vertebral Axis.....	1		
" " Scapula.....	1		
Fibroid Tumor.....	1		
Scirrhous of Breast.....		1	1
" " Nose.....		8	
Scarlatina.....		17	
Varioleoid.....		1	
Variola.....		1	
Varicella.....	1	7	3
Erysipelas.....		2	
" Phlegmonous.....		1	
" Traumatic.....		3	
" of Face.....		3	
" Leg.....		3	

REPORT OF THE BOARD OF ADMINISTRATORS

REPORT OF DISEASES—CONTINUED.

NOMENCLATURE.

	No. Patients Remaining.	Discharged.	Died.
Erysipelas of Arm.....	1	1	
" " Hand.....	1	1	
<i>Generative Organs, Male, Diseases of the</i>			
Epithelioma of Penis.....	1	1	
Epididymitis.....	2	1	
Encephaloid of Testicle.....	1	1	1
Extravasation of Urine.....	3	20	
Gonorrhœa.....	1	1	
Gleet.....	1	10	
Hydrocele.....	1	1	
" " of Cord.....	1	1	
Hypertrophy of Prostate Gland.....	1	1	
Masturbation.....	1	12	
Orchitis.....	1	1	
Phimosis.....	5	37	
Stricture of Urethra.....	1	1	
" " " and Fistula.....	1	1	
" " " Traumatic.....	1	1	
Sarcocele of Left Testicle, (Extirpation).....	1	1	
Spermatorrhœa.....	1	1	
Urethra, Haemorrhage of.....	1	1	
" " Irritation of.....	1	1	
Paraphimosis.....	1	1	
Hæmatocoele.....	1	1	
<i>Generative Organs, Female, Diseases of the</i>			
Amenorrhœa.....	2	2	
Cervicitis.....	1	1	
Cellulitis, Pelvic.....	5	5	
Leucorrhœa.....	1	1	
" " and Bubo.....	1	1	
Metritis.....	5	5	
" " Cervical Endo-.....	1	1	
" " Cervical.....	1	1	
" " Endo-.....	5	5	
Menorrhagia.....	1	1	
Menstruation.....	4	4	
Metrorrhagia.....	1	1	
Tumor of Vulva.....	1	1	
" " Ovarian.....	1	1	
" " of Labia.....	1	1	
" " " Majora.....	4	4	
Uteri, Retroversio.....	4	4	
" " Procidentia.....	1	1	
" " Prolapsus.....	1	5	
" " Polypus.....	1	1	
" " Cancer.....	1	1	
" " " Encephaloides.....	3	3	
" " Sub-Involutio.....			
" " Retroflexio.....			

OF THE CHARITY HOSPITAL.

REPORT OF DISEASES—CONTINUED.

NOMENCLATURE.

		No. Patients Remaining.	Discharged.	Died.
Uteri, Tumor Fibrosus.				1
Vulva, Condyloma, Syphilitic, of.				3
Vesico-Vaginal Fistula.				
<i>Glandular System, Diseases of the</i>				
Adenitis.				3
" Traumatic.				1
Splenitis.				1
Tonsillitis.				3
" Syphilitic.				1
Parotitis.				2
<i>Joints, Diseases of the</i>				
Abscess of Knee.				4
" " Hip.				1
" " Elbow.				1
Ankylosis of Knee.				3
" " Jaw.				1
Caries of Humerus.				1
" " Hip Joint.				1
Diffused Suppuration around Knee.				1
House-Maids' Knee.				2
Serous Effusion in Knee.				2
Ulcer of Knee.				1
Inflammation of Knee Joint.				1
" " " " Chronic.				2
" " Patella.				
<i>Liver, Diseases of the</i>				
Abscess.				1
Atrophy.				1
Cirrhosis.				4
Cancer.				8
Engorgement.				1
Enlargement.				1
Fatty Degeneration.				7
Inflammation.				3
" Chronic.				2
Icterus.				7
<i>Local Injuries.</i>				
Blister of Foot.				1
Burns.				8
" of Hands and Face.				4
" Leg.				5
" Foot.				3
" Hand.				4
" Arm.				1
" Thigh.				1
" Back.				

REPORT OF THE BOARD OF ADMINISTRATORS

REPORT OF DISEASES—CONTINUED.

NOMENCLATURE.

		No. Patients Remaining.	Discharged.	Died.
Burns, General.....		1	1	
Concussion of Spinal Cord.....		2		
Dislocation of Femur.....		3		
" " Humerus.....		3		
" " Shoulder.....		1		
" " Knee.....		1		
" " Tarsal Bones.....		1		
" " Ulna.....		1		
" " Ankle.....	1	1		
" " Hip.....		1		
Fraeture of Ilium.....		1		
" " Arm (Ununited).....		6		
" " Rib.....	5	11		
" " Femur.....	1	1	1	
" " Ulna.....		5		
" " Humerus.....	5	8		
" " Tibia.....		1		
" " Clavicle.....		1		
" " Fibula.....		6		
" " Radius.....		2		
" " " and Ulna.....		1		
" " and Dislocation of Humerus.....		2		
" " of Leg.....		1		
" " Neck of Humerus.....		1		
" " Fore-arm.....		1		
" " Inferior Maxillary.....		1		
" " Toe.....		1		
" " Malleolus.....	1	1		
" " Tibia and Fibula.....		1		
" " Leg, (Compound Communited).....		1		
" " (Compound).....		1		
" " Femur and Clavicle, (Compound).....		2		
" " Skull.....		1		
" " Leg (Compound) and Tetanus.....		1		
" " Extremities.....	1	1		
" " Internal Malleolus.....		1		
Injury of Ankle.....		1		
" " Head.....		1		1
" " Foot.....		2		1
" " Spine.....		1		4
Injuries, Internal.....		1		
" " Rail-road.....		7		
Sprain of Foot.....		1		
" " Leg.....		1		
" " Knee.....		1		
" " Hip.....		2		
" " Ankle.....		3		
" " Back.....		1		
" " Wrist.....		1		
Splinter in Foot.....		1		
Strain.....				

OF THE CHARITY HOSPITAL.

REPORT OF DISEASES—CONTINUED.

NOMENCLATURE.

		No. Patients Remaining.	Discharged.	Died.
Wounds				
"	Incised			1
"	" of Arm			1
"	" Foot			4
"	" Scalp			10
"	" Face			1
"	" Head			11
"	" Back			5
"	" Toe			2
"	" Breast			1
"	" Thigh			1
"	" Chest			3
"	" Body			2
"	" Hand			1
"	" Ear			1
"	" Abdomen			3
"	" Mons Veneris			1
"	" Forehead			2
"	" Neck			1
"	" Leg			1
"	" Throat			1
"	" Ankle			1
"	" Leg and Thorax			1
"	" Breast and Arm			1
"	" Cheek and Back			5
Gunshot	of Hand			6
"	" Arm			4
"	" Face			3
"	" Hip			2
"	" Thigh			6
"	" Neck			3
"	" Knee Joint			1
"	" Larynx			1
"	" Shoulder			2
"	" Leg			1
"	" Mouth			1
"	" Toe			1
"	" Wrist			1
"	" Abdomen			1
"	" Chest			2
"	" Head			1
"	" Nates			1
"	" Back			1
"	" Arm and Thigh			1
"	" Eye			23
Contused				5
"	" of Foot			9
"	" Head			7
"	" Chest			4
"	" Scalp			4
"	" Thigh			

REPORT OF THE BOARD OF ADMINISTRATORS

REPORT OF DISEASES—CONTINUED.

NOMENCLATURE.

			No. Patients Remaining.	Discharged.	Died.
Wounds Contused of Body.....					4
" " " " Eye.....				1	
" " " " Knee.....				1	
" " " " Shoulder.....				1	
" " " " Mouth.....				1	
" " " " Ankle.....				1	
" " " " Face.....				1	
" " " " Ear.....				1	
" " " " Hip.....				1	
" " " " Eyelids.....				1	
" " " " Trunk.....				1	
" " " " Back.....				1	
" " " " Toe.....				1	
" " " " Finger.....				1	
" " " " Hand.....				1	
" " " " Pubis.....				1	
" " " " Leg.....				1	
" " " " Eyebrow.....				1	
" " " " Back and Head.....				1	
" " " " Abdomen.....				1	
" " " " Head and Face.....				1	
" " " " " Hands.....				1	
Penetrating.....					2
" " " " of Foot.....				1	
" " " " Chest.....				1	
" " " " Abdomen.....				1	
" " " " Side.....				1	
Punctured of Hip.....				1	
" " " " Abdomen.....				1	
" " " " Knee.....				1	
Poisoned.....				1	
Lacerated of Hand.....				1	
" " " " Leg.....				3	
" " " " Finger.....				1	
" " " " Foot.....				1	
" " " " Back.....				1	
" " " " Face.....				1	
" " " " Abdomen.....				1	
" " " " Eye.....				4	
" " " " of Face.....				1	
" " " " Abdomen.....				6	
" " " " Thigh.....				1	
" " " " Foot.....				1	
" " " " Hand.....				1	
" " " " Leg.....				3	
" " " " Eyeball.....				1	
" " " " Head.....				1	
Pott's Fracture.....				1	
" " " " Locomotory System, Diseases of the					
Deformity of Hand.....					

OF THE CHARITY HOSPITAL.

REPORT OF DISEASES—CONTINUED.

NOMENCLATURE.

		No. Patients Remaining.	Discharged.	Died.
Necrosis of Phalanx.			1	
" " Tibia.		2	2	
" " Finger.			1	
" " Ulna.			1	
" " Metacarpal Bone.		3	2	
" " Femur.		1	1	
" " Carpal Bones.			1	
Edema of Leg.			1	
Osteocystoid.			1	
Osteosarcoma of Leg.			1	
Periostitis.		1		
Synovitis.	Syphilitic.	1	2	
" Syphilitic.			1	
Ulcer of Leg.		66	222	
" Foot.			14	
" Toe.			2	
" Arm, Phlegmonous.			1	
" Hand.			6	
" Knee.			2	
" Leg, Chronic.			2	
" Foot, Syphilitic.			1	
" " Perforating.		1	1	
Veins, Varicose.	Stump.		3	
<i>Muscular System, Diseases of the</i>				
Abscess, Pelvic.			1	
" Gluteal.			2	
" Palmar.			7	
" Thoracic.			1	
" Cervical.			1	
" Cellular.			6	
" of Hand.			1	
" Jaw.			1	
" Neck.			2	
" Perineum.			2	
" Thigh.		1	1	
" Hip.			1	
" Axilla.			1	
" Elbow.			2	
" Arm.			3	
" Cheek.			2	1
" Leg.			1	1
" Abdominal Wall.			1	
" Back.			1	
Wry Neck.	Psoas.		1	
Atrophy, Muscular.	" Progressive.		1	
Contraction of Hamstring Muscles.			2	

REPORT OF THE BOARD OF ADMINISTRATORS

REPORT OF DISEASES—CONTINUED.

NOMENCLATURE.

OF THE CHARITY HOSPITAL.

REPORT OF DISEASES—CONTINUED.

NOMENCLATURE.

	No. Patients Remaining.	Discharged.	Died.
Perineum, Laceration of.	1	1	2
Rest after Parturition.			
<i>Poisons.</i>	6	82	1
Alcoholism.	2		
Asthenia a Potu.	1		
Dipsomania.	27		8
Delirium Tremens.	3		
Lead Poisoning.	1		
Gak Poisoning.	5		1
Malarial Poisoning, Chronic.	1		
Intoxication.	1		1
“ Narcotic.	2		
Mania a Potu.	4		
Opium Habit.	1		1
“ Poisoning.	2		
Uraemic Poisoning.			4
Septæmia.			
<i>Pregnancy, Diseases of</i>	11		
Abortion.	1		
“ Threatened.	97		
Parturition.	8	20	
Pregnancy.	1		
“ and Syphilis.			
<i>Rectum and Anus, Diseases of the</i>	1		
Anus, Excoriation of.	4		
“ Fissure of.	13		
Fistula in Ano.	11		
Haemorrhoids.	1		
“ Internal.	1		
Fibroid Tumor of Rectum.			
<i>Respiratory Organs, Diseases of the</i>	1		
Abscess, Pulmonary.	21		4
Asthma.	1		1
“ Chronic.	1		
“ Spasmodic.	1		7
Aphonia.	41		
Bronchitis.	21		3
“ Chronic.	1		
“ Capillary.			1
“ Catarrhal.			2
Congestion of Lungs.			1
Diphtheria.	5		3
Emphysema.	1		3
“ of Lungs.	1		2
Hæmoptysis.			
Hydrothorax.			
Laryngitis.	6		

REPORT OF THE BOARD OF ADMINISTRATORS

REPORT OF DISEASES—CONTINUED.

NOMENCLATURE.

	No. Patients Remaining.	Discharged.	Died.
Laryngitis, Syphilitic.		12	40
Pneumonia.	15	47	4
" Pleuro-	1	1	4
" Double.			1
" Chronic.	3		
" Catarrhal.	1	1	
" Broncho-			128
Phthisis Pulmonalis.	43	135	
" Laryngeal.		1	
Pertussis.	1	5	
Pharyngitis.	1	1	
" Syphilitic.		2	
" Chronic.		5	3
Pleurodynia.	5	12	
Pleurisy.		1	1
" Chronic.			1
Pulmonary Congestion.		18	21
Tuberculosis.	4	1	
Ulcer of Larynx.	1	2	
Empyæma.			1
<i>Spine, Diseases of the</i>			
Spine, Pott's Disease of the.			
<i>Surgical Operations.</i>			
Amputation of Hand.		3	
" Toe.		2	
" Stump of Thigh.		1	
" Both Legs.		1	1
" Leg.	1	4	
" Finger.		1	
" Arm.		2	3
" Fore-arm.		2	1
" Thigh.		1	
" Right Leg and Tetanus.		1	
Operation for Pin in Ear.		1	
Resection of Shoulder Joint.		1	
" Hip Bone.		1	
" Elbow.		1	
Tracheotomy for removal of Pebble.			
<i>Urinary System, Diseases of the</i>			
Abscess of Kidney.	6	29	26
Albuminuria.		1	
Addison's Disease.		1	
Bright's Disease.		19	2
Cystitis.		2	1
" Chronic.		3	
Diabetes.		1	
" Mellitus.		1	
Nephritis.			

OF THE CHARITY HOSPITAL.

REPORT OF DISEASES—CONTINUED.

NOMENCLATURE.

	No. Patients Remaining.	Discharged.	Died.
Nephritis, Desquamative.		1	
Urine, Retention of.	4		
" Suppression of.	1		
" Incontinence of.	3		
<i>Conditions not necessarily associated with General or Local Diseases.</i>			
Change of Life.		1	
" Debility.	9		
" Senile.	13	18	35
" " Chronic.	1		
" General.	14	1	2
Inanition.		1	
Insubordination.		7	
Malingering.		2	19
Nihil.		3	
Pigritis, Chronic.			2
Senility.			

RECAPITULATION.

January 1st, 1876.	Patients remaining in Hospital.	525
December 31st, 1876.	Patients admitted during the year.	5,690
		—6,215
December 31st, 1876.	Patients discharged during the year.	4,780
December 31st, 1876.	Patients died during the year.	742
December 31st, 1876.	Patients remaining in Hospital.	693
		—6,215

REPORT OF BIRTHS FOR 1876.

Males.....	66	Females.....	51
White.....	88	Colored.....	29

Of this number there were fifteen stillborn; there were two premature births; and one patient gave birth to twins.

A. JOHNSON, CLERK.

MONTHLY STATEMENT.

1876.	DAILY AVER- AGE OF PATIENTS.	ADMISSIONS.	DISCHARGES.	DEATHS.	BIRTHS.	INQUESTS.
January.....	534	431	341	60	13	6
February.....	538	384	353	65	11	5
March.....	532	407	332	65	6	3
April.....	514	333	322	43	4	3
May.....	470	323	260	47	3	2
June.....	501	333	303	54	9	1
July.....	514	489	370	64	15	3
August.....	570	497	410	67	12	1
September.....	588	625	508	58	11	0
October.....	604	618	547	74	14	4
November.....	649	611	485	68	10	0
December.....	723	639	549	77	9	1
Total.....	5615	5690	4780	742	117	29

COMPARATIVE TABLEAU.

1875.

Admissions.....	4845
Discharges.....	4121
Deaths.....	753
Births.....	126
Inquests.....	23

1876.

Admissions.....	5690
Discharges.....	4780
Deaths.....	742
Births.....	117
Inquests.....	29

In addition to the above the Institution has given free prescriptions to an average of ten patients per day.

Table No. 13,

Showing number of Patients of the different States taken care of by the Charity Hospital during the past ten years.

STATES.	1867	1868	1869	1870	1871	1872	1873	1874	1875	1876	Total.
Alabama.....	56	52	112	108	106	84	101	89	94	112	914
Arkansas.....	5	5	15	17	14	14	15	12	10	16	123
California.....	.....	.....	2	1	1	2	2	1	.....	9	109
Connecticut.....	15	12	9	18	16	8	6	11	6	8	46
Delaware.....	11	3	11	5	4	3	1	3	3	2	96
Dist. Columbia.....	12	3	12	9	8	10	9	8	10	15	131
Florida.....	7	13	21	20	14	8	7	18	11	12	522
Georgia.....	39	37	61	72	47	52	52	66	36	60	263
Illinois.....	32	16	25	40	35	22	20	20	22	31	194
Indiana.....	25	16	13	30	19	15	15	11	28	22	2
Indian Territory.....	.....	.....	.....	.....	.....	1	.....	.....	1	34	5
Iowa.....	2	2	2	.....	4	6	2	2	7	.....	1330
Kansas.....	.....	.....	.....	.....	1	1	1	1	.....	2	6250
Kentucky.....	100	66	155	207	139	164	135	142	115	107	239
Louisiana.....	547	524	837	723	671	631	672	764	866	1015	793
Maine.....	71	20	21	34	18	14	12	19	15	15	446
Maryland.....	64	65	95	116	91	77	75	63	63	84	69
Massachusetts.....	73	45	59	62	44	31	30	24	22	56	7
Michigan.....	9	1	8	15	4	6	4	7	6	9	1194
Minnesota.....	.....	.....	1	2	.....	3	1	.....	122	153	892
Mississippi.....	65	62	157	142	139	123	107	124	72	89	51
Missouri.....	74	37	91	94	98	86	78	62	2	4	157
New Hampshire.....	5	4	2	7	8	12	4	3	2	4	1
New Jersey.....	29	20	13	9	24	14	8	16	9	15	2129
New Mexico.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	609
New York.....	363	186	242	281	263	197	156	118	129	184	717
North Carolina.....	23	23	74	80	82	87	52	64	65	59	1
Ohio.....	85	58	85	101	82	54	58	51	56	87	982
Oregon.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	545
Pennsylvania.....	154	82	112	156	105	82	57	79	57	98	71
Rhode Island.....	19	8	3	9	8	8	1	8	5	2	787
South Carolina.....	30	28	78	81	71	44	50	65	56	42	256
Tennessee.....	67	28	90	107	105	106	75	75	61	73	1
Texas.....	27	30	22	23	23	20	29	31	25	26	44
Utah.....	.....	1	.....	.....	.....	.....	1	1	5	5	2158
Vermont.....	11	2	5	2	7	7	3	1	229	227	34
Virginia.....	77	88	247	302	264	264	192	229	227	268	1
Wisconsin.....	2	1	1	13	2	2	2	1	5	5	34
West Virginia.....	.....	.....	.....	.....	.....	.....	1	.....	.....	1	23091
Total.....	2100	1538	2678	2886	2518	2253	2035	2201	2198	2684	.....

In addition to the above the Hospital has admitted and cared for 36,487 foreign patients, making a total of 59,578 patients in the ten years.

Nativity of Patients Admitted from

FOREIGNERS.	Jan'y.	Feby.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Ireland.....	107	83	106	77	78	83	105	101	142	162	154	139	1337
Germany.....	53	34	21	29	31	34	52	57	72	71	61	66	581
England.....	17	10	13	10	11	6	18	25	26	29	32	24	221
France.....	21	26	24	20	9	20	26	37	41	40	28	33	325
Scotland.....	2	3	5	7	3	5	7	3	4	2	8	7	56
Switzerland.....	4	4	5	2	2	2	1	3	3	5	4	4	42
Canada.....	2	5	5	3	1	4	3	4	5	5	9	1	49
Norway.....	4	2	2	2	1	1	1	1	2	2	2	2	17
Sweden.....	3	1	2	1	1	4	4	3	1	2	2	3	24
Austria.....	3	5	1	1	1	1	3	15	6	7	12	69	69
Italy.....	3	4	5	2	5	2	2	6	2	2	3	6	15
Unknown.....	2	1	1	1	1	3	4	4	3	1	2	2	28
China.....	12	1	3	3	3	2	3	3	4	4	3	1	9
Manila.....	1	1	1	1	1	1	1	1	1	1	1	3	14
Bavaria.....	1	1	1	1	1	1	1	1	1	1	1	1	1
Finland.....	1	2	1	1	1	2	2	2	2	2	2	2	15
Bohemia.....	1	1	1	1	1	2	2	3	2	2	1	1	12
Denmark.....	1	1	1	1	1	2	2	3	1	1	1	1	7
Mexico.....	1	1	1	1	1	1	1	1	1	1	1	1	16
Africa.....	1	1	1	1	1	1	1	1	1	4	4	4	1
Holland.....	1	2	1	2	1	1	1	1	1	1	4	4	13
Mauritius.....	1	1	1	1	1	2	3	3	3	2	1	1	2
Belgium.....	1	1	1	1	1	2	3	3	3	2	2	2	2
Martinique.....	2	1	1	1	1	1	1	1	1	1	1	1	7
New Brunswick.....	2	1	1	1	1	1	1	1	1	3	3	3	21
Cuba.....	2	1	1	1	1	1	1	1	2	2	3	3	3
Portugal.....	1	1	1	1	1	1	1	1	1	2	3	3	7
Russia.....	1	1	1	1	1	1	1	1	1	2	3	2	2
Poland.....	1	1	1	1	1	1	1	1	1	1	1	1	1
Western Islands.....	1	1	1	1	1	1	1	1	1	1	1	1	11
West Indies.....	1	1	1	1	1	1	1	1	1	1	1	1	29
Malta.....	1	1	1	2	1	2	1	1	2	1	1	1	10
Spain.....	1	1	1	1	1	4	4	9	5	4	4	1	19
Nova Scotia.....	1	1	1	1	1	1	1	1	2	4	4	1	1
Isle of Jersey.....	1	1	1	1	1	1	1	1	1	1	1	1	3
Newfoundland.....	1	1	1	1	1	1	1	1	1	1	1	1	2
Greece.....	1	1	1	1	1	1	1	1	1	1	1	1	1
New Providence.....	1	1	1	1	1	2	1	1	1	4	2	2	9
Canary Islands.....	1	1	1	1	1	1	1	1	1	1	1	1	1
Hungary.....	1	1	1	1	1	1	1	1	1	1	1	1	2
Arabia.....	1	1	1	1	1	1	1	1	1	1	1	1	1
At Sea.....	1	1	1	1	1	1	1	1	1	1	1	1	1
Chili.....	1	1	1	1	1	1	1	1	1	1	1	1	3
Madeira Island.....	1	1	1	1	1	1	1	1	1	1	1	1	3
Cayenne.....	1	1	1	1	1	1	1	1	1	1	1	1	2
Prince Edward's Island.....	1	1	1	1	1	1	1	1	1	1	1	1	1
Bourbon Island.....	1	1	1	1	1	1	1	1	2	1	1	1	1
Madras.....	1	1	1	1	1	1	1	1	1	1	1	1	1
Saxony.....	1	1	1	1	1	1	1	1	1	1	1	1	1
Netherlands.....	1	1	1	1	1	1	1	1	1	1	1	1	1
Wales.....	1	1	1	1	1	1	1	1	1	1	1	1	1
Total.....	233	193	204	171	154	171	243	255	347	357	341	337	3006

January 1st to December 31st, 1876.

UNITED STATES.

	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Louisiana.....	78	66	82	82	71	70	113	116	89	87	78	83	1015
Virginia.....	21	17	21	12	17	22	24	20	31	30	25	28	268
New York.....	15	15	11	8	6	11	18	8	17	23	27	25	184
Mississippi.....	10	18	12	6	15	13	9	9	18	9	11	23	153
Alabama.....	7	13	9	4	9	3	9	2	18	11	9	12	112
Pennsylvania.....	6	8	2	2	7	7	11	11	10	10	10	14	98
Missouri.....	6	7	12	9	6	4	8	4	11	7	6	9	89
Maryland.....	9	5	10	2	5	2	3	9	8	10	10	11	107
Kentucky.....	5	8	4	6	3	3	7	13	11	15	18	14	16
Arkansas.....	5	3	1	1	4	2	3	...	...	2	1	4	42
South Carolina.....	5	2	1	1	4	1	6	3	8	6	7	6	59
North Carolina.....	4	5	7	2	4	2	8	6	10	5	9	10	73
Tennessee.....	4	5	7	1	3	2	8	6	5	8	5	9	60
Georgia.....	4	2	4	3	6	4	5	5	1	1	2	8	26
Connecticut.....	3	...	2	3	4	1	1	2	2	1	3	3	31
Texas.....	3	2	3	3	4	1	1	1	...	2	5	7	9
Illinois.....	3	2	3	3	4	1	1	1	...	3	3	3	87
Michigan.....	2	...	7	2	4	6	4	5	11	14	11	10	15
Ohio.....	2	5	4	2	6	4	5	1	1	1	1	1	15
District of Columbia.....	1	2	3	1	2	2	3	1	1	1	1	2	12
New Jersey.....	1	...	1	1	1	1	2	...	3	...	1	2	22
Florida.....	1	1	...	1	1	2	2	2	1	1	2	2	56
Indiana.....	1	2	2	3	2	1	1	6	6	10	13	8	2
Massachusetts.....	1	1	1	6	2	1	1	1	1	1	1	1	4
Delaware.....	1	1	...	1	1	1	1	1	1	1	1	2	15
New Hampshire.....	2	...	2	2	2	1	1	3	3	1	1	1	1
Maine.....	1	2	2	1	1	1	1	1	1	1	1	2	7
Indian Nation.....	1	...	1	1	1	1	1	1	1	1	1	2	2
Kansas.....	1	...	1	1	1	1	1	1	1	1	1	1	5
Iowa.....	1	...	1	1	1	1	1	1	1	1	1	1	5
Rhode Island.....	1	...	1	1	1	1	1	1	1	1	1	1	5
Vermont.....	1	...	1	1	1	1	1	1	1	1	1	1	5
Wisconsin.....	1	...	1	1	1	1	1	1	1	1	1	1	5
Total.....	198	191	203	162	169	162	246	242	278	261	270	302	2684

RECAPITULATION.

Foreigners.....	2,991
United States.....	2,684
Unknown.....	15
	—
Total.....	5,690

Table No. 14.

Employment of Patients Admitted during the year.

Accountants.....	2	Constructor.....	1	Herdsman.....	3
Actors.....	3	Cotton Samplers.....	3	Journalists.....	1
Apprentices.....	3	Cabinet-makers.....	2	Janitor.....	1
Architect.....	1	Collier.....	1	Lumbermen.....	1
Box-maker.....	1	Canvassers.....	3	Lawyer.....	1
Bootblack.....	1	Confectioner.....	1	Lightening Rod Agent.....	1
Bridge-keeper.....	1	Cabin-boys.....	3	Lamplighter.....	1
Book Agent.....	1	Charcoal Vender.....	1	Lather.....	2410
Book-binders.....	2	Coach-maker.....	1	Laborers.....	1
Book-keepers.....	6	Cab Drivers.....	4	Letter-carrier.....	1
Book-sellers.....	2	Coppersmith.....	1	Lithographer.....	1
Basket-maker.....	1	Carrier.....	1	Lighterman.....	4
Boiler-makers.....	14	Caulkers.....	3	Longshoremen.....	1
Broom-makers.....	2	Cowherds.....	6	Leather Cutter.....	6
Bridge-builder.....	1	Contractors.....	2	Locksmiths.....	37
Brick-makers.....	2	Currier.....	1	Machinists.....	2
Brick-moulders.....	2	Cigar Factor.....	1	Miners.....	39
Bricklayers.....	9	Custom-house Keeper.....	1	Milkmen.....	1
Brick-mason.....	1	Coal-passar.....	1	Miller.....	3
Barbers.....	15	Draymen.....	19	Magicians.....	11
Boatmen.....	173	Discharged Soldiers.....	6	Musicians.....	2
Boat-builder.....	1	Drover.....	1	Moulders.....	1
Butchers.....	30	Drivers.....	9	Masons.....	1
Blacksmiths.....	41	Druggists.....	2	Messman.....	2
Brewers.....	7	Engineers.....	38	Mates.....	1
Bar-tenders.....	17	Ex-Deputy Coroner.....	1	Messenger.....	1
Bakers.....	72	Engravers.....	2	Moss-picker.....	1
Beggars.....	3	Engine-house Keeper.....	1	Mattress-maker.....	2
Boot-fitter.....	1	Exhibitor.....	1	Merchants.....	1
Brakesmen.....	11	Florists.....	2	Milk-boy.....	1
Bleacher.....	1	Farmers.....	61	Marble Cutter.....	5
Bill-sticker.....	1	Firemen.....	12	Nurses.....	6
Coal-wheeler.....	1	Fishermen.....	33	News-boys.....	1
Clock-makers.....	2	Finisher.....	1	News-dealer.....	4
Coffee-house Keepers.....	3	Foreman Fire Co.....	1	News-men.....	2
Carriage Driver.....	1	Fruit-sellers.....	5	Overseers.....	4
Cotton Clerk.....	1	Flag Boy.....	1	Oyster-men.....	1
Compositor.....	1	Gardeners.....	85	Oyster Culler.....	1
Coachman.....	1	Gas-fitters.....	3	Organ-grinder.....	1
Chair-bottomer.....	1	Gunsmith.....	1	Oil-man.....	6
Carters.....	5	Grocery Keepers.....	3	Planters.....	34
Coopers.....	35	Glass-blower.....	1	Printers.....	1
Carpenters.....	122	Hack Drivers.....	4	Porter.....	15
Cigar-makers.....	17	Hand-cart man.....	1	Peddlers.....	2
Clerks.....	74	Hostlers.....	14	Pavers.....	55
Cooks.....	72	Harness-makers.....	8	Painters.....	3
Car Drivers.....	21	Hatters.....	2	Pressmen.....	10
Collectors.....	3	Hunters.....	2	Plasterers.....	

Police Officers.....	10	Shoemakers.....	38	Teamsters.....	14
Plumbers.....	3	Sawyers.....	6	Tailors.....	36
Porters.....	7	Smelter.....	1	Tinsmiths.....	11
Pilots.....	3	Shearers.....	2	Tinkers.....	2
Paper-hangers.....	2	Soap-makers.....	3	Tinners.....	6
Policeman.....	1	School-boys.....	6	Turner.....	1
Paper-folder.....	1	Stone-cutters.....	11	Tobacco Strippers.....	3
Paper-makers.....	2	Shingle Getter.....	1	Trader.....	1
Physicians.....	3	Store-keeper.....	1	Train Hand.....	1
Prof. of Elocution.....	1	Sugar Broker.....	1	Time-keeper.....	1
Rag-picker.....	1	Ship Carpenters.....	4	Upholsterers.....	5
Rail-road Men.....	13	Sail-makers.....	2	Umbrella-makers.....	2
Rope-makers.....	5	Stone-masons.....	2	Veterinary Surgeon.....	1
Rail-road Conductor.....	1	Showmen.....	1	Wagon Driver.....	1
Raftsmen.....	9	Sausage-maker.....	4	Wood Turner.....	1
Reporter.....	1	Salesmen.....	2	Waiters.....	46
Rigger.....	1	Stage Drivers.....	2	Watchmen.....	14
Seamen.....	118	Sheriff's Keepers.....	2	Warehousemen.....	2
Swampers.....	7	Sexton.....	1	Whitewashers.....	3
Stewards.....	9	Ship-joiner.....	1	Wood-sawyers.....	2
Stave Getter.....	1	Soldier.....	1	Wheelwright.....	8
Slaters.....	4	Telegraph Operator.....	3	Wood-choppers.....	3
Saddlers.....	6	Telegraph Messengers.....	2	Wagon-maker.....	1
Screwmen.....	14	Teachers.....	18	Watch-maker.....	1
Students.....	3	Tobacconists.....	3	Weaver.....	1

There are 219 different callings represented in the admissions for 1876.

CHARITY HOSPITAL.



CITY OF NEW ORLEANS.

This is to Certify, that

Has Been a Resident Student of the Charity Hospital for the term of _____ years, during which period he has attended the practice of the Medical and Surgical Wards of this Institution, and has faithfully discharged the duties required of him.

In Testimony Whereof, the Board of Administrators and Officers of the Hospital have affixed their signatures to this DIPLOMA, on this _____ day of _____ 18____



Governor of the State of Louisiana, and Ex-Officio President of the Board of Administrators.
Vice President.

House Surgeon.

Assistant Surgeon.

Secretary and Treasurer.

Administrators.